144025

STATE OF MARYLAND

1						E OF MARYLAND	In I	A 7	1 1	
	1 -	FOR STATE		DEPAR		TEALTH AND MENTAL HYS	IENE	7 /	1 -4	
		REGISTRAR			CERTIF	SEATE OF DEATH	REG. N	O		
		CEASED NAME FIRST		MIDDLE			20. DATE OF DEATH	MONTH DAY	YEAR 2b. H	OUR
		Bernar	r	A. I	Adamson	n	May 19	. 1985		М
1	3. SEX	x m	1 RACE	,	S. DATE (6. AGE (IN YEARS LAST BIR			DER 24 HRS
	1	Male	Whit			ril 23,1917	68	YRS.		5 MIN.
7		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY	MARRIE	DIVORCED	BALTIMORE CITY O	_	ATH	MD.
	10.7	TY OR TOWN OF DEATH Columbia	11. NAME OF	HOSPITAL, NURS		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF SELECTION OF SELECT		KIND Good OUSTRY O Sport	
	USU/ 130. S	AL RESIDENCE (IF NURSING HOME OF STATE Md.		GIVE RESIDENCE BEFO 134 CHY OR TO Baltimo		13d INSIDE CITY LIMITS?	130 SIRET ADDRESS /	ZIP CODE	nno 910	21%
4	10.50			Dai cimo	116	YES NO NO NO NAME NO NAME NAME NAME NAME NAME NAME NAME NAME		more was	nue 212	14
	14. F.A	ATHER'S NAME Carl	MIDDLE Ad	amson		ATfreda		01sso	n LAST	
2		WAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIAL SEC	CURITY NO.	17. INFORMANT 881	8 Stonebroo	k La. Co	lımbia.	Md
-		no	IVE WAR OR DATES)	079-12-	8541	Mrs. Gwendol			2104	
2			noly one couse ne		la d	11		1	APPROXIMATE IN	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		100	2/28/	stie Gark	INOMS.			
		IMMEDIA	ATE CAUSE (0)		-		/			
1			DUE TO, C	R AS A CONSEQ	YENCE SE	nd 601	ON.			
1		Conditions, if ony, which	(b)_							
		gove rise to immediate cause (a), stating the	DUE TO. O	R AS A CONSEO	UENCE OF					
		underlying couse lost.	(c)							
		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART No:	
	CERTIFICATION	Carlow Manager								
7	AT	190. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE		
	F						YES NO	IN CERTIFYING (CAUSES OF DE	
_	ER.	21a. ACCIDENT WAS UNDERLYING	21b TIME C	OF INJURY	7	21c HOW INJURY OCCUR		-		
		OR CONTRIBUTING CAUSE OF DE	CAIN		DAY FEAR					
	S	(IF EITHER, NOTIFY MEDICAL EXAMINI 71d. INJURY OCCURRED		M.	1/19	W. 102 (1950)				
	MEDICAL		(AT HOME, ST	OF INJURY	frage incr	ZII LOCATION	CITY OR TO	wn co	YINU	STATE
		AT WORK AT WORK		/	/					
1		22a I certify that (I) (this hasp	oital) ottended th	ne deceased from		19	, to	. 19		(we) lost
Ī		saw the deceased alive a above, (I) (we) (did) (did n	n	alter death	. 0	nd that in (my) (our) opinion	death occurred on the do	ate and hour and f	rom the couses	stated
	0.00	22b. SIGNATURE		3/		DEGREE		22	c. DATE SIGNE	D
I					7	ATTENDING PHYSICIAN	MEDICAL STAT		,	
	1	22d. PHYSICIAN'S NAME LIVE	OR PRINT)	2. 5	7	22e. ADDRESS	I la sea la	The D	1	10.1
		2. 1/AKI	44113 .	10.1)		2300 1	MANY	1	2	1204
-	23e E	BURIAL, CREMATION, REMOVA	L 23b. DATE	230	. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION			
		(SPECIFY)					Baltime	COUN	M.J	STATE
	24 FI	Burial UNERAL DIRECTOR	May 21	.1985 N	morela	nd Memorial			EMIL O	
	27 (NAM Leonard J.	Ruck Ir	C. BATTE	more.	Md. MA	721 1985	25h REGISTRARISC	MANAGE .	
							()			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Mrg vo, 19on

e in

t. med byene

S.D. 2.D. x coods coods of the coordinate of the

it is a mary enough to the second to

rotefil confidence (48 and 18 and 18

Mais Standbrook Le. Columbia, Md uu 070-12-1511 jiru. Geendal va G. Leathlugton 21016

Burial May 21,1985 Loreland Shenrisl

leoner J. Rok Inc. Baltimore, id.

n' tith

. 5.0

STATE OF MARYLAND

STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF	DEATH

STATE REGISTRAR			DEP	CERTIFICATE OF DEA
CEASED NAME	FIRST		WIDDLE	LAST
OR PRINT)	ANNA	MAY	BAREHAM	
(1000000	4 PAC	F	C DATE OF BIDTH

1 DECEASED NAME FIRST ANNA MA 3. SEX	_	S. DATE OF BIRTH NOV 12, DATE OF BIRTH	20. DATE OF DEATH MONTH May 11, 1985 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR	26 HOUR 5: CAM
ANNA MA	RACE			IF UNDER 1 YEAR	
3 SEX			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	White	NIMONTH 10 DAY OLI YEAR			
Female		NOV 12, 1911	73 YRS.	MONTHS DAYS	HOURS MIN.
	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
d		WIDOWEDX DIVORCED [3 7	MD.
Ellicott City	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS 4709 Parkval &	G HOME OR OTHER INSTITUTION ADDRESS) Road 21043	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOUSEWITE	12b. KIND OI INDUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OF 130 STATE 136 COUNTY Maryland Howard	13c. CITY OR TOWN	1 . 13d. INSIDE CITY LIMITS?	4709 Parkvale	Rd. 2	21043
14 FATHER'S NAME FIRST ME Late	Ensor	15. MOTHER'S MAIDEN I	NAME	LAST	
16a WAS DECEASED EVER IN U.S. ARME		RITY NO. 17. INFORMANT	ADDRESS (
(YES, NO OR UNKNOWN) NO	218 05 76	574 Mrs Elvera	Bareham 4709 Park	vale Rd	21043
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED (IMMEDIATE (BY.		on a offense	APPROXI BETWEEN O	mate interval poset and death

PART I. DEATH WAS CAUSED	one cause per line far (a), (b), and to levo Care CAUSE (a) Care	Les on a offine Small
Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	

Diabetee Melltrac

×2 /						
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION			20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
			YES 🗌	NO	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NA	TURE OF INJU	RY IN ITEM 18 PART I OR PART 2	

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION

COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (the hospital) attended the deceased from

saw the deceased alive on _ abave, () (wei (did) (did	May view the body aft	er death.	83, and that in (my) (and opinian death occurred of the	e date and haur and fram the causes stated
77h SIGNATURE		- 1	DEGREE		22. DATE CICALED

ATTENDING PHYSICIAN

22e. ADDRESS

May 13, 1985 Ashland Presbyterian 23d. LOCATION Burial Baltimore, Maryland

Harry H Witzke 4112 Columbia RaEllicott City

REC'D. BY REGISTRAR 254 REGISTBAR'S SIGNATURE

STATE

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral d should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Land 2 should be filed within 72 ha

Health and Mental Hygiene prior to burial, cremation, or removal

18 shov

marked or Item

IMPORTANT: If Item 21 is

should be detached far use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prior

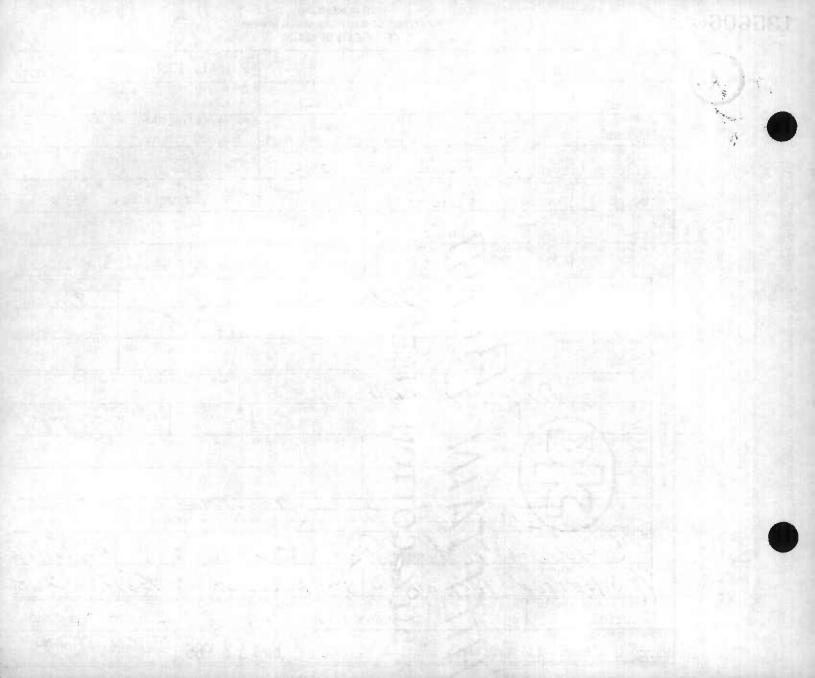
ar other traumatic

CERTIFICATION

MEDICAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/B1 (VRA 15, 4)



Guneral Home oron Hill MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

we way doon fandage

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

.4.2.1

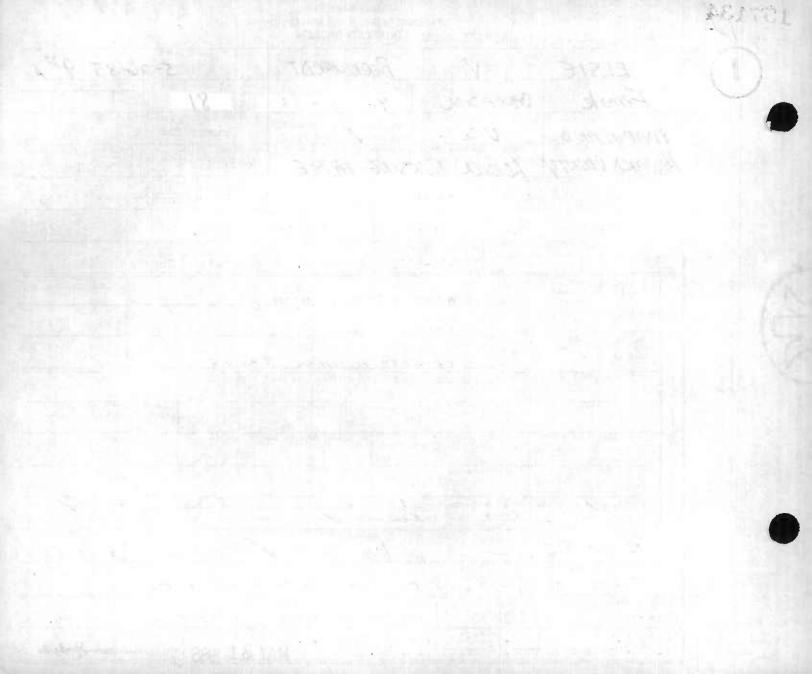
hem plant and the The state of the state of the state of

alla Church a la control alla

to the training of the training to the training the training to the training the training to the training the training training the training traini

The second of th

	1 DE	CEASED NAME	LSIE VERONA	DEPARTMENT	STATE OF MARYLAND T OF HEALTH AND MENTALE ERTIFICATE OF DEATH	REG. I	NO. MONTH DAY YEAR	Zb HOUR
)	3 SE	CORPRINT) PLS/	IE A RACE	FRONA	BERNHARDT DATE OF BIRTH	6 AGE (IN YEARS LAST B	5-26-85	9.
100		Female	CAUC:	ASION S	eptember 11,19	02 82	YRS DATS	
		RTHPLACE (STATE OF F COUNTRY)	UD C	1.5, A. WE	ARRIED NEVER MARRIED		OR COUNTY OF DEATH County	
Odertie	40	WARS CO	1074 LOPE	SUCH FACILITY GIVE STREET ADDRES	OME OR OTHER INSTITUTION	120 USUAL OCCUPA (Type of work for wost Housewife	OF WORKING LIFE) INDUSTRY	OF BUSINES Home
26	13a. S	STATE (aryland	SING HOME OR OTHER INSTITUTION TO THE COUNTY HOWARD	I34 CITY OR TOWN Ellicott C:	7		nloggin Road	2104
expund)		Winfield		Hoey	15. MOTHER'S MAIDEN	e W.		Ŷingli
medicol		NAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES'				Same as # :	13
injury, or ather troumatic	NOI	gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN	ng the DUETO,		OF OF HEART H BUT NOT RELATED TO THE TI		NDITION GIVEN IN PART	lio
à	CERTIFICATION	19a DATE OF OPERAT	TION 196 CON	DITION FOR WHICH OPER	RATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS LISED
hows						YES NO	YES [ES OF DEATH
Hem 8 shows		21a ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH HOUR	P.M.	YEAR 19		JURY IN ITEM 18 PART 1 OR PART 2)	ES OF DEATH
or frem 18 shows	MEDICAL CE	OR CONTRIBUTING	CAUSE OF DEATH ICAL EXAMINER) RED 21e PLAC (AT HOME.)	A.M. MONTH DAY	19 211 LOCATION		JURY IN ITEM 18 PART I OR PART 2)	NO [
or frem 18 shows		OR CONTRIBUTING CIFE EITHER, NOTIFY MEDIC 21d INJURY OCCURF WHILE NOT WHAT WORK AT WORK 22c I certify that M sow the decease obove (1 (we) (c	CAUSE OF DEATH ICAL EXAMINER) RED 21e PLAC (AT HOME.)	A.M. MONTH DAY P.M. E OF INJURY STREET, FACTORY, OFFICE FARM, EI the deceosed from	YEAR 19 211 LOCATION STREET , 19 , ond that in [ay1 (our) apini	CURRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART I OR PART 2) TOWN (OUNTY) dote and hour and from the	STA
If hem 21 is morked or hem 18 shows		OR CONTRIBUTING (IF ETHER, NOTIFY MEDIC 21d INJURY OCCUR WHILE NOTIFY AT WORK AT WORK SOW the deceose above of two) (C 771 SIGHTURE	CAUSE OF DEATH (CAL EXAMINE R) RED 21e PLAC (AT HOME, (AT HOME, (Ithis hospitol) oftended ed olive on 2 did) (Indian view the box	A.M. MONTH DAY P.M. E OF INJURY STREET, FACTORY, OFFICE FARM, EI the deceosed from	THE PHYSICIAN PHYSICIAN PAGE 1	CURRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART OR PART 2) TOWN COUNTY dote and hour and from the	STA , that (we see couses state
If them 21 is morked or them 8 shows		OR CONTRIBUTING CIFE EITHER, NOTIFY MEDIC 21d INJURY OCCURF WHILE NOT WHAT WORK AT WORK 22c I certify that M sow the decease obove (1 (we) (c	CAUSE OF DEATH CALEXAMINER] RED 21e PLAC (AT HOME.) (Ithis hospitol) oftended ed olive on 2 did bard out view the box	A.M. MONTH DAY P.M. E OF INJURY STREET, FACTORY, OFFICE FARM, EI the deceosed from	211. LOCATION STREET 211. LOCATION STREET 19 Ond that in LOFT (our) opini DEGREE M O ATTENDING PHYSICIAN 22e ADDRESS	CURRED (ENTER NATURE OF IN. CITY OR 1 IO 2 ION death accurred on the DIRECTOR PHYS	JURY IN ITEM 18 PART OR PART 2) TOWN COUNTY dote and hour and from the COUNTY AFF ICIAN 22c DAT	STA
Item 21 is morked or Item 18 shows	WEDICAL CL	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE WHIE NOTIFY AT WORK NOT WHAT WHAT WHAT WAS NOT WHAT WHAT WHAT WHAT WAS NOT WHAT WHAT WHAT WAS NOT WHAT WHAT WHAT WHAT WAS NOT WHAT WHAT WHAT WE WANT WHAT WAS NOT WHAT WHAT WAS NOT WAS NOT WHAT WAS NOT WAS NOT WHAT WAS NOT WAS NOT WHAT WAS NOT WAS NOT WAS NOT WHAT WAS NOT WAS NOT WAS NOT WAS NOT WHAT WAS NOT WAS	CAUSE OF DEATH (CAL EXAMINE R) RED (Ithis hospitol) ottended ed olive on did (ithis hospitol) ottended with the book and the book are also as a second of the book	A.M. MONTH DAY P.M. E OF INJURY STREET, FACTORY, OFFICE FARM, E the deceased from J dy ofter death. 730 NAME West	PHYSICIAN DEGREE ATTENDING PHYSICIAN 220 ADDRESS E OF CEMETERY OR CREMATOR	CITY OR 1 A DIRECTOR PHYS RY 23d LOCATION CITY OR 10 CATONS CATONS	IURY IN ITEM 18 PART OR PART 2) FOWN COUNTY AFF ICIAN COLUMN COLUMN COLUMN COLUMN COUNTY COUNTY	thou (w. thou couses stot E SIGNED bia, Md.



ITHE CORPORAL) Mrs. Margaret E. Brantley May 18 1985 Margaret E. Brantley Margaret Margaret	
Female Caucastan July 26 1909 To Waryland U.S.A.	2 A M
Mary land U.S.A. Wide was provided Never Marked Divorced	NDER 24 HRS
Columbia Columb	MD
The property of the property o	INESS OR
Jacob Thomas Nash Jacob Thomas Nash Jacob Thomas Nash Mary Firma Bowers Model ADDRESS 166. SOCIAL SECURITY NO. 17. INMARM Faul Campbell ADDRESS Model Campbell APPROXIMATE OF DEATH IEnter only one couse per line for tol, (b), and ic.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse loi, stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 DATE OF OPERATIO	1163
THE CAUSE OF DEATH lEnter only one couse per line for 101, (b), and (c). 18 CAUSE OF DEATH lenter only one couse per line for 101, (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse [a], stoting the underlying couse [a], stoting the Underlyin	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 OF THE CONTRIBUTION TO THE CONTRIBUTION OF THE CONTRIBUTION WAS PERFORMED 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IN CERTIFYING CAUSES OF	1163 yland
Necent Importation 2- to MASSIVE VOWER OF DIFFE INDING	
MADE OF OPERATION TO CONDITION FOR WHICH OPERATION WAS PERFORMED 100 Date of Operation 170 AUTOPSY? 170 IN CERTIFYING CAUSES OF YES 100	
216. ACCIDENT WAS UNDERLYING 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR COUNTING ITEM 18. PART I OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. PLACE OF INJURY 217. LOCATION STREET CITY OR TOWN COUNTY	STATE
Z to to	li (we) last s stated
DEGREE 726. SIGNATURE 726. SIGNATURE 727. DATE SIGNATURE 727. DATE SIGNATURE 727. DATE SIGNATURE 727. DATE SIGNATURE 728. SIGNATURE 728. SIGNATURE 729. SIGNATURE 720. SIGNATURE 72	
TORTOLANI, EDMUND 827 LINOTH AVE BATT. MS	
BP 236 BURIAL CREMATION, REMOVAL 235 DATE 236, NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, REMOVAL 235 DATE 326, NAME OF CEMETERY OR CREMATORY GRANT BURIAL CREMATION CITY OR JOHN DESCRIPTION OF THE PROPERTY OF THE PROP	yland

DHMH - 16 50M 4/83 (VRA 15, 4)

8728 Liberty Road Randallstown, Maryland 21133

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAY 2 4 1085

Midden Bandoll

	81 WH			dense .D		
		5	e 38		Trans.	
	tomol bus	april 170s			.K.2.0	budge
	Taurie Taurie	edit.		al Lenous Same	O brend C	Marilo
entre	cum not th	100		1945 ± 100	oron, foll	landgol
7			Hug ilms		and the second	L xxiii acan
winder Dist	Medel		unt 21801 -	215-0/-3715		· a
	Skall mark					
	Skall mark					
	Skall mark					
	Skall mark					
	Skall mark					
	Skall mark					
	Skall mark					

CCOOPT

(VRA 15, 4)

STATE OF MARYLAND

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

22c. DATE SIGNED

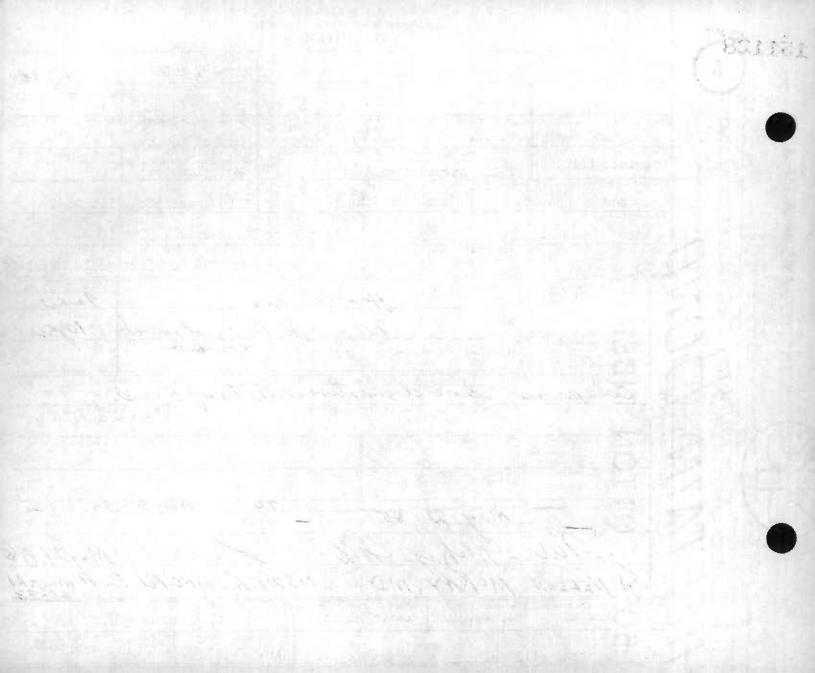
5 min.

STATE

IF UNDER 24 HRS. HOURS

IF UNDER 1 YEAR

023650 AST THE PLAN IS TO STATE OF THE PARTY OF THE and the second of the second o divine to the company of the second of the second But the same of th The second secon - House Committee Committee



BP_

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherdring physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled withm72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

FOR STATE REGISTRAR	DEPA	STATE OF MARYLA RTMENT OF HEALTH AND I CERTIFICATE OF E	MENTAL HYGIENE
TASED NAME TO THE	AA ID DA E	1 4 5 7	12- 0

- STATE REGISTRAR				CERTIFI	CATE OF DE	ATH		REG. NO	0.			
1 DECEASED NAME	FIRST		IDDLE	A I	ST	11	20 DATE	OF DEATH		DAY YEAR	2b HOU	
	EV		_	cha	dwic	K	4.405			05-85		14
Ge ma	le	4 RACE	te	S. DATE OF	DAY 23	YEAR 92	6 AGE	YEARS LAST BIR	3 YRS	MONINS DATS	HOURS	MIN.
BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	MARRIED	□ NEVER M.	ARRIED -	9 BALTIM	ORE CITY O	R COUNT	Y OF DEATH		
Mass			SIA	WIDOWED	DIVO	ORCED [Ho	word	d	Count	V .	٨
10 CITY OR TOWN OF	DEATH		OSPITAL, NURSIN		OTHER INSTI	TUTION		L OCCUPATION FOR MOST O		12b. KIND (F BUSINI	ESS O
Columb)		Lorie		1	5-31-	5151	hou	se wi	fe	_		
USUAL RESIDENCE (# 13a. STATE	13b COU		13c CITY OR TOW	/N. 1	13d. INSIDE CA	Y LIMITS?	13e STREET	ADDRESS	ZIP COD	DE 2	19	7:
m	m	on-gomery	Silver.	Spring	YES T		8112	. New	Hai	mpshir	0	AU
FATHER'S NAME		WIDDIE	LAST		15 MOTHER'S	IRST	WE	MIDDLE		Broo	51	
John 160 WAS DECEASED E	VED IN II S AE	B.	Frem 166 SOCIAL SECU			Louise		C 1 O ADIDES	1 232		-	
LYES, NO OR UNKNOWN		VE WAR OR DATES)			17 INFORMAN				Clark	sville,	Road	21
N/A	N	/A .		-5941	Deroth	7 1110	ower	4		6 31-	-J J	11
18 CAUSE OF D	18 CAUSE OF DEATH lEnter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: SEP8:5										ONSET AND	DEATH
	IMMEDIA	TE CAUSE (0)	2010	(3						- Ud	calen	_
PART 2 OTHER	SIGNIFICANT	conditions co			NOT RELATED T	O THE TERMI	INAL DISEA	ISE OR CON	DITION GI	IVEN IN PART 1	la	
NOT STATE OF OP			ION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AU	TOPSY?	IN CERT	ES, WERE FINDI		H?
OR CONTRIBUTION		110110 11	INJURY A. MONTH D	AY YEAR	21c HOW INJ	URY OCCURR				PART I OR PART 2)	,,,,	
S (IF EITHER NOTIFY	MEDICAL EXAMINE	R) P,A	۸.	19								
21d INJURY OCH	URRED	21e PLACE C	OF INJURY ET, FACTORY OFFICE, I	FARM ETC)	211 LOCATION	٧		CITY OR TO	wn	COUNTY		TATE
sow the de-	eosed olive or	ot) view the body	19_			, 19 <u>8</u> 2	to	red on the do	ote and ho	us and from the	that (I) (
22b. SIGNATURE	12	/	•	D	EGREE AT PI	TENDING HYSICIAN	MEDICA	L STAF	FF CIAN []	22c. DATE	SIGNED	
22d PHYSICIAN		I CE	"WINE,	3 (1 - 1)	22e ADDRESS					e Coli	سه	4,1
230 BURIAL, CREMATI (SPECIFY) Burial	ON, REMOVAL	23b. DATE 5-8-198			METERY OR CE		ry B	rentwo	od 1	Pr.ººGeo:	rges	IAIM
24 FUNERAL DIRECTO			11800			25a DATE			25h, REGIS	TRAP'S SIGNA	FURE *	
illies/killa	.ul run	erar nom	Silver	Sprin	g. Md.	YAM	6	1200 (I	Continuos de	in tenths		

Been to Oraclastek William Streets Line female was as as as as Massi H.C.A Howard County Columbia Colores N. H. B. Colores Miller Colores Colores ma tompound short Spring to the Hampshire An TORREST PHILIPPING THE STREET OF YORK

OR		
STATE		

DEPARTMENT OF HEALTH AND MENTAL HY	GIENE	,	
CERTIFICATE OF DEATH	REG. NO.		
LAST	20. DATE OF DEATH MONTH	DAY	YE,
	ma.	0	10 1

140061		OR			, DEBARI		OF MARYLAND	AL UVCIE	Mr 14/	20	
110001	1 - 5	1 - STATE CERTIFICATE OF DEATH									
0		ASED NAME	FIRST	M	IDDLE		AST	12	REG. NO.	DAY YEAR	2b. HOUR
(ا	{TYPE OR	PRINTS	RIAN	Timo	thy	Cu	UNING HA	a m	May	8,1985	9.80 AM
. 100	3 SEX			RACE		5. DATE C)F BIRTH		AGE (IN YEARS LAST BIRTANY)	IF UNDER I YEAR	
de de la de		PACE	11/1	WHI	TE	11		75		RS.	MIN.
E 50 %	COL	HPLACE (STATE OR F	1		VHAT COUNTRY	MARRIE	NEVER MARRI	ED 9	BALTIMORE CITY OR COU	- 0	
1 11 4/		V York			States		D DIVORCE		Howar		OF BUSINESS OR
d with		Lumbia		(IF NOT IN SUCH	FACILITY, GIVE STREET	T ADDRESS)			THE OF WORK FOR MOST OF WORKI	ING LIFE INDUSTRY	II S
ours ours	USUAL	RESIDENCE (IF NURS	ING HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	eral Hos		Branch Mana		ernment
ND 2	Man Man		Mont	gomery	Bethe:	sda	13d. INSIDE CITY LIV YES NO	MITS?	4998 Batter	y Lane/	20814
ertly 2 sh		HER'S NAME		IDDLE _	1451	25-31	15 MOTHER'S MAIL				
MAR male and make and		lliam	SJ:211	Cun	ninghar		Anna	350		O'Bria	n
O RE,	IVES	S DECEASED EVER		WAR OR DATES)	16b. SOCIAL SEC		Brian T	Cun	ningham Cla	O Ten O	aks Rd.
LTIM ton o	No				084 01	3481	bi tan i	· Cull	mingham Cla		
hysic poper novel.	11	PART I. DEATH W	AS CAUSED	BY:		-	. 1			BETWEEN	XIMATE INTERVAL ONSET AND DEATH
N ST certing P rbon rr rem iic ew			IMMEDIATE	CAUSE (o)		V	evater	7 acr	7CTY_	•	
PRESTON he death contemporate contemporate contemporate recorder r		Canditions, if any,	which	DUE TO, OR	Chow		shuch	re Per	elmenery Dv.	2000	
the of th		gave rise to imm	nediote	DUE TO OR	AS A CONSEQU						
thot thot d by ease oil, cr		underlying couse	last.	(c)	0	tive	Hert	7a	ilura	36 110	
S, 20 uires igne en pli s buril		ART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	0	DEATH BUT	NOT RELATED TO THE	HE TERMIN	IAL DISEASE OR CONDITION	GIVEN IN PART 1	ła.
RECORDS, low requires to been signeremit. There exists to be a signer to be a sig	ATIO	DATE OF OPERAT	SCLU	110h CONDI	150 CON WHICH	-	N WAS PERFORMED		20a AUTOPSY? 20b. 1	F YES, WERE FIND	INGS HISED
n. n	IFIC,	3/26/8	5	Geal	TOTAL OR WITH	C	and lat	1		ERTIFYING CAUSES	
ATTA VSICIO VSI	CERTIFICATION	10. ACCIDENT WAS UND		21b. TIME OF		- 14	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITE		
OF ICIAR ICIAR I Physicial Physicial Physicial Physicial Physicial Physicial Physician		OR CONTRIBUTING [] (HOUR A.A		DAY YEAR	Service.				
DIVISION OF VIT NG PHYSICIAN: - ortending physic of the burial trans of the burial Hyg th and Mental Hyg orked or Hen 18 s	"	Id INJURY OCCURE		21e. PLACE C	OF INJURY	FARM, ETC)	211 LOCATION		CITY OR TOWN	COUNTY	STATE
DIVISION OF PROPERTY OF THE PR	A	T WORK NOT WH						20	7 8	7 0-	
END o DR. A DR. A Heol	2	2a I certify that (I) saw the decease		attended the	deceosed from	855/	od that in (my) (aur)	apinion de	ath accurred an the date and	hour and from the	that ++-(we) last
RECTOR OF THE SECTOR OF THE SE	2	abave, (I) (we) (c	did) (did nat	view the body	ofter/deoth.		DEGREE				E SIGNED
the I have been the De		R 1-	76	7		no	ATTEN	DING A	MEDICAL STAFF	57	8/85
TAN DE STATE	7	20. PHYSICIAN'S N				-	22e. ADDRESS				
A POST		BERM	IAR	D P. F	-ARREZ	Cup	5755 (6	EDAN	2 LA, COLUM	BIA, m)	D21044
2:	23a. BUI	BERN RIAL, CREMATION, ECHY) Buria	REMOVAL	236 DATE M	ay_ 23c		EMETERY OR CREMA		23d LOCATION	COUNTY	STATE
BP	24 5122	Burla	11	10, 1	985 G		f Heaven		Silver Sp	ring, M	laryland
DHMH - 16 50M 4/83 (VRA 15, 4)		NAME DIRECTOR R					eral	MA	TEC'D BY REGISTRAR 25b. RE	Ma Davidson	D
(VKM 13, 4)	поі	mes, P.A	. be	thesua	, Mary	ranu_	40014		0 1000	1 447.07	- Mariorette

17 7 7 7 7 THE REPORT OF THE PARTY OF THE Transfered to the cold of the delices of party of had deliced and said have as a first The second of the second of the second Design and the property of the

NE SECTION OF THE STREET Reacherson Ils A PLA TELLINE STEELE STEELE SHOWING THE The period of the second of th 139-18-3364 Style Jak Marin Jak Comment Bak 2 CONTRACTOR SERVICE AND A SERVICE SERVI The Continued Disc Block College The Colle

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MANYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	4	1	2	5

		REGISTRAR		CERTII	ICATE OF DEATH	REG. NO).	
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
ì		Catheri	~ C.	Donce	raper	3 30	185	10 Am
4	3. SEX	X .	4. RACE	5. DATE (6. AGE LIN YEARS LAST BIRT	HDAY) IF UNDER TYE	
1	,	-	W	9	1605	79	YRS	
A	7a B11	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	
1		MIRGINIA	02	WIDOW		Howa	ra .	MD.
1	10. CT	TY OR TOWN OF DEATH		ITAL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION		O OF BUSINESS OR
		allemb 14	146	1+		HOMEMAKER /S	The second secon	supul2
h	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF	NTY 13c	ESIDENCE BEFORE ADMISSION)	13d. INSIDE CATY LIMITS?	13e STREET ADDRESS /	ZIP CODE	received
3	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	0111	Rd
D		FIRST	BIDDIM	isney	CHRISTI	MIDDLE MIDDLE	To the same of the	EBER
6		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. S	SOCIAL SECURITY NO	17 INFORMANT	ADDRES		MULLE
	(1)	YES, NO OR UNKNOWN) (IF YES, GN	VE WAR OR DATES	9/74/5030	THOMAS DONA	LDSON 8320 (D. 21043
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for	or (0), (b), o(d (c).)			APP BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	-		TE CAUSE (o)	laul p	uminan	1 cm22	lus	
			DUE TO, OR AS	CONSEQUENCE OF	to 1	1.11100		
		Conditions, if ony, which gove rise to immediate	(b)	andica	ruary to	enura		
		couse (o), stoting the underlying couse lost.	DUE TO, OR AS	CONSEQUENCE OF	. 0			
			0 2	Epail				
um.	z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRI	IBUT NE TO DEATH BUT	NOT RELATED TO THE TIRM	AINAL DISEASE OR COND	OITION GIVEN IN PART	lia
	CERTIFICATION	19a. DATE OF OPERATION	1196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
	IFIC	NA	3		Market Market	YES NO	IN CERTIFYING CAUS	SES OF DEATH?
20	CERT	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR			
4		OR CONTRIBUTING CAUS OF DE	ain	MONTH DAY YEAR				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN	JURY	211. LOCATION	CITY DE TOY	COUNTY	STATE
	¥	WHILE NO WHILE	(AT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC.)	STREET		COOM	SIAIC
	23	22a I certify that (I) (this hosp	italizatiended the dec	eosed from	19 0	5 to 5/3	19 32	_, that (I) (we) last
		saw the deceased alive an above, (1) (we) (did) (did no	5 3 U	death 19 5, o	nd that in (my) (our) opinion	deoth accurred on him da	te and hour and from	the causes stated
	100	226. SIGNATURE	20	_0	DEGREE	STATE OF THE PARTY OF	221.09	TE SIGNED
		Intellega	1 the	Wt r	M ATTENDING PHYSICIAN	MEDICAL STAF	IAN () 5/	30/89
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	. 8	a Rd	Columbia
		Umtlo	owers v	ND	108074	rickery 11	rade 20	ma
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCAT	A mounts	and a Miles
		CREMATION	6-3-85	WESTVIE	W MEM. PK.	CATONS	16 Firther	ON MP.
	24 FL	UNERAL DIRECTOR			25a. DA1	ELICCIDA BY RE THE BEAT	WE REGISTRAR'S SIGN	ATURE

DHMH - 16 50M 4/83

BP.

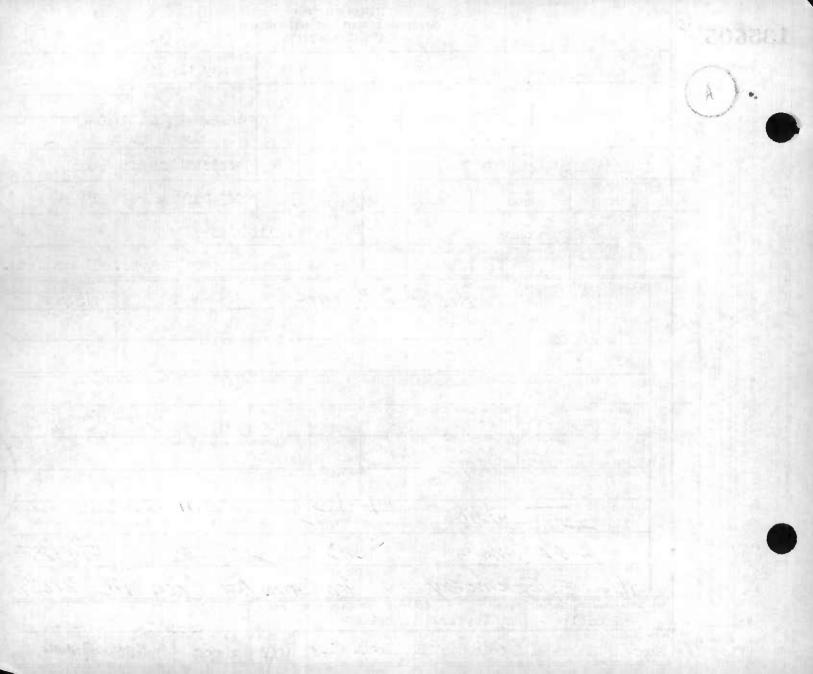
(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban page with the State Dept' of Meolth and Mental Hygiene prior to burial, cremation, or removal MPORTANT; If Item 21 is marked or Item 18 shows ony injury, ar other traumotic event,

LACK FUNERAL HOME

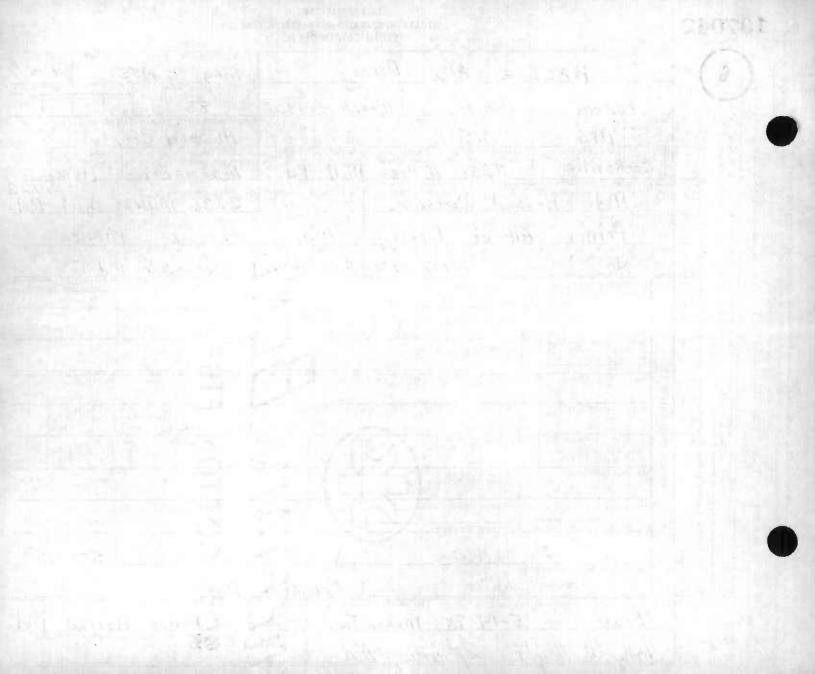
ADDRESS BOX 268
ELLICOTT CITY, MD

, 4 , 1 Joseph Street THE HAMMEN WA Disney of the sections of 210/11/5030 PHOKE TOWNER FORD OF THE PARTY O CONTRACTOR OF THE PROPERTY OF CWIT OF THE PROPERTY OF THE PR



STATE OF MARYLAND

K	137042	1.	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HŸGIEN	E 4	1 2		
	6		CEASED NAME FIRST HALL	1 RACE	Alice	DOR:		6. A	MAY 9	MONTH DA	FUNDER I YEAR I	IF UNDER 24 HRS
	oth. Page		RTHPLACE (STATE OR FOREIGN	15 CITIZEN O	F WHAT COUNTR	MARRIE	Ch 14, 190 □ NEVER MARRIED	9 B	83 SALTIMORE CITY O	YRS R COUNTY O		
01	by the fune led within	19 C	TY OR TOWN OF DEATH Cooksville	11. NAME O	F HOSPITAL, NUR UCH FACILITY, GIVE STR		DO DIVORCED ROTHER INSTITUTION RA	12a	USUAL OCCUPATION PEOF WORK FOR MOST OF	1	126 AND OF I	MD. BUSINESS OR
LAND 212	y filled in Should be for must be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU		ON, GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS		STREET ADDRESS	Miller	-00 ' 4	21723 1 Rd.
RE, MARY	a complete	16a V	Prince VAS DECEASED EVER IN U.S. AF	Alber		RSEY CURINTO.	15. MOTHER'S MAIDEN FIRST ARY 17 INFORMANT	NAME	Louise	ss	PARKE	R
BALTIMO	ofe be excision and spers. Page val.	,	18 CAUSE OF DEATH Enter of PART DEATH WAS CAUSE	ve war or dates)	21930	0926	Helen Holl	md	Cooksi	sille,	Md, APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
PRESTON ST.,	death certific attending phy ave corbango tion, ar remo aumotic even		IMMEDIA Conditions, if any, which	TE CAUSE (a)_	OR AS A CONSEC	DUENCE OF	hoart to	dere				onth)
5, 201 W. PR	ires that the gned by the n please rem burial, crema ry, or other th		gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)_	or as a consec		NOT RELATED TO THE T	TERMINA	L DISEASE OR CONE	DITION GIVE	N IN PART 1(a)	
AL RECORDS	The low requiction. The has been suit permit. The grene prior to	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHI	CH OPERATION	N WAS PERFORMED		ROG. AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	S USED F DEATH?
DIVISION OF VIT	HYSICIAN: The ading physicians certificate buriol-transit Mental Hygie or from 18 sha	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE ITE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	ATH HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY	19	21c. HOW INJURY OCC	CURRED				
DIVIS	NDING P	W	WHILE NOT WHILE 220.1 certify that (I) (this hosp	ital) attended			STREET		CITY OR TOV		COUNTY 9, the	STATE at (1) (we) last
	OR ATTE OR ATTE DIRECTO oched for Dept. of If		saw the deceased alive ar abave, (I) (we) (did) (did no 22b. SIGNATURE	view the bad	ly after death.		eGREE ATTENDING	7	EDICAL STAF		22c. DATE SIG	GNED
	HOSPITAL Dined by the FUNERAL HITTERSTEE HIT		22d. PHYSICIAN'S NAME (1) PE (OR PRINTS GLI	la		PHYSICIAN 22e ADDRESS	N PO	RECTOR PHYSIC	IAN []	5-9-	-85
	BP	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 5-14	1-85 23	PARKER	METERY OR CREMATOR		3d LOCATION CONTY OR TOWN	He 1	COUNTY -	md
	DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FL	INERAL DIRECTOR NAME W. H.	14	ADDRESS	11. 4	nd. 25M	PAY RE	4 985 AR	S MEGICIA	end seem for	dell



P.O. BOX 268

CITY.

ELLICOTT

PFEIFFERS CRNR. HOWARD MDD

lia Daysson-han

250 DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE

LUTHERAN CEM

MD 21043

DHMH - 16 50M 4/B3 (VRA 15, 4) BURTAL

24 FUNERAL DIRECTOR

SLACK FUNERAL HOME

			West Comment
17, 1955			
	dest of dest		
EUR. OFRINS LANDERS	(១០០ .៤) មូបគ	5 44 3 4 10 17 1	Total and 4-19 if
5 1	T. R. W.		
		21 ¹ - 28	
tale;		20 124 PER DEC DE	
		y Artery Disease	mercani)
And And And		e trust	
2/13/35		- in the 200 to the	
Abuti - Daskrad a Lidiki Edd. Lidiki - Daskrad - Abuti	31	.0.N .8806	
or some supplies of		54/1/5	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

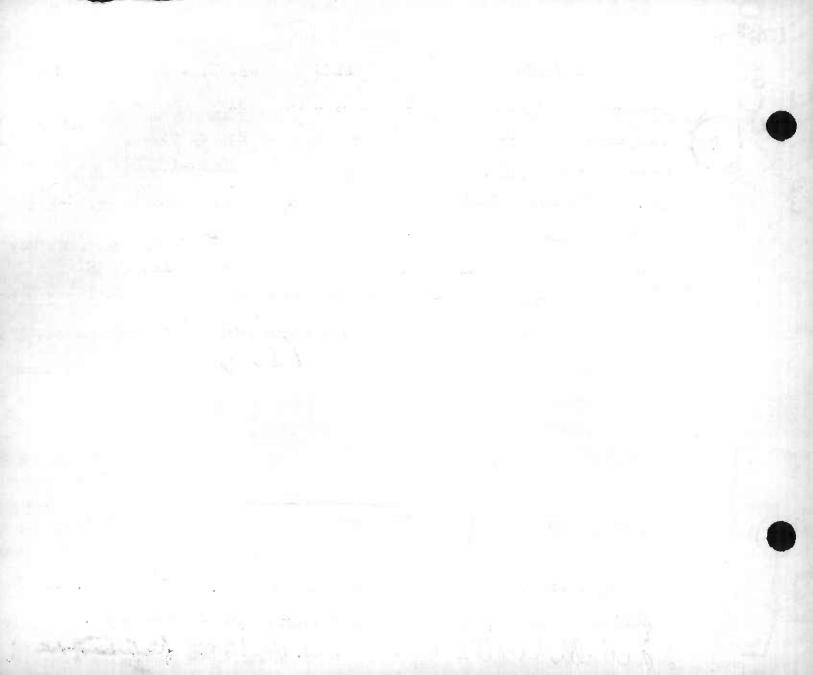
							KEO. 140.						
1		EASED NAME FIRST	MIDD	U.E.	EAST	2a. DATE O	F DEATH MONTH	DAY YEAR	2b HOUR				
1	(TYPE	FLOREN	ICE		ELLIS	May	3, 1985		3:30 A				
	3. SE>	(4. RACE		OF BIRTH	6. AGE (IN)	YEARS LAST BIRTHDAY)	MONTHS DAYS					
Par	_f	emale	white	Marc	h 2, 1904	81	YRS		HOURS MINL				
La		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY? 8	ED NEVER MARRIED	9. BALTIMO	RE CITY OR COUN	ITY OF DEATH	21043				
		aryland	USA	WIDOV	VED XX DIVORCED	How	ard Cour	nty	MD.				
3		licott City	(IF NOT IN SUCH FA	SPITAL, NURSING HOME CILITY, GIVE STREET ADDRESS] Pthington	Wav	TYPE OF WOR	OCCUPATION REFORMOST OF WARKING USEWITE	GLIFE) INDUSTRY					
1	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13% COURT HOWAT	OTHER INSTITUTION GIVE			13¢ STREET 5009	ADDRESS / ZIP CC	Worthing Way	ngton 21043				
1	14. FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N	AME		LA					
	Y.	Harry Willi		(43)	Willy	y	LEGG						
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 168	SOCIAL SECURITY NO.	17 INFORMANT		ADDRES 0	19 Wort	ning Wa				
ı	(1	no	2	13 74 2442	Miriam Ma	thowal	d Elli	cott C	ity				
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION	DUE TO, OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF FRIBUTING TO DEATH BUT		20a AUT	OPSY? 20b. IF	YES, WERE FIND	INGS USED S OF DEATH?				
	E	71a ACCIDENT WAS UNDERLYING	21b. TIME OF IN	LILIBY	Tale HOW INTURY OCCU	YES [NO	YES [но 🗌				
		OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY YEA	1	IKKED (ENTER N	ATURE OF INJURY IN TIEM	18 PARI FOR PARI 2]					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE				
		226.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no		- C. J. parties	ond that in (my) (our) opinion	n death occurre	ed on the date ond h		that (1) (we) lost causes stated				
		22b. SIGNATURE		2	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DESCRIPTION DESCRIPT								
1		224 PHYSICIAN'S NAME (TYPE			1716 Harford Rd. Fallaton, Md. 2104								
		Vijay S Nai	r/		1716 Harford Rd. rallaton, Md. 21047								
		URIAL, CREMATION, REMOVAL SPECIFY) Burial	The state of the s		cemetery or crematory	GITY	ATION ORTOWN estertov	vn . Md.	STATE				

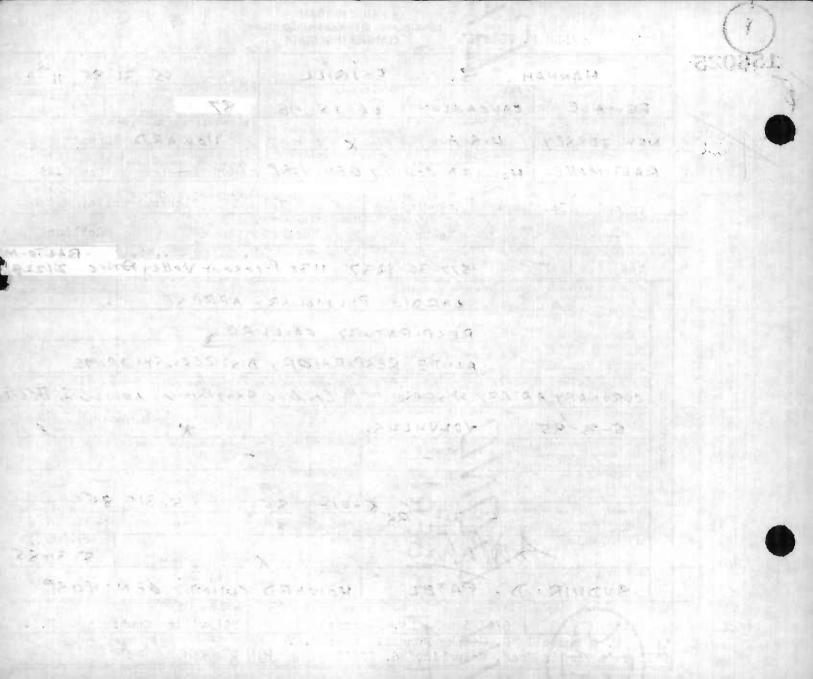
Chestertown, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remove corb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or morked or Item 18 shows any

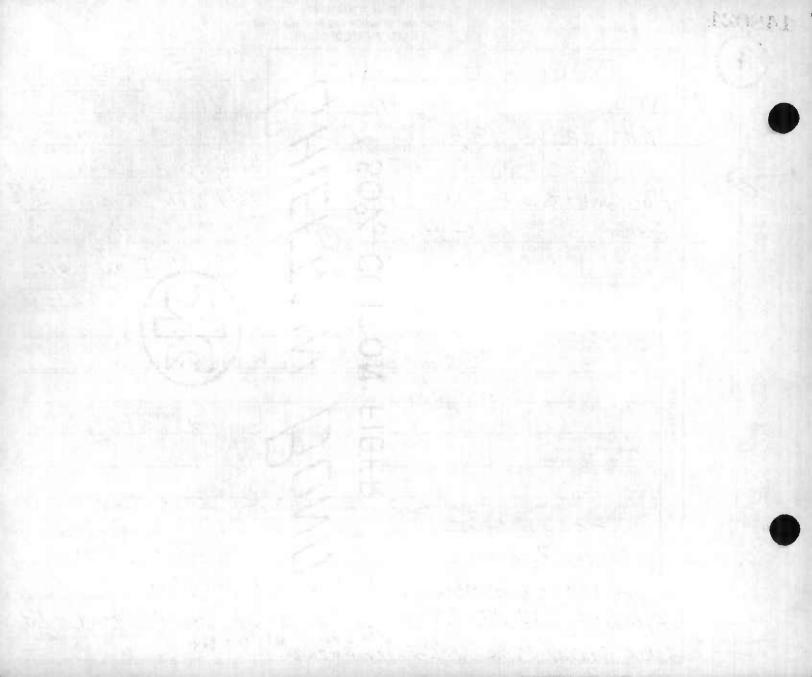
IMPORTANT, If hem 21 is

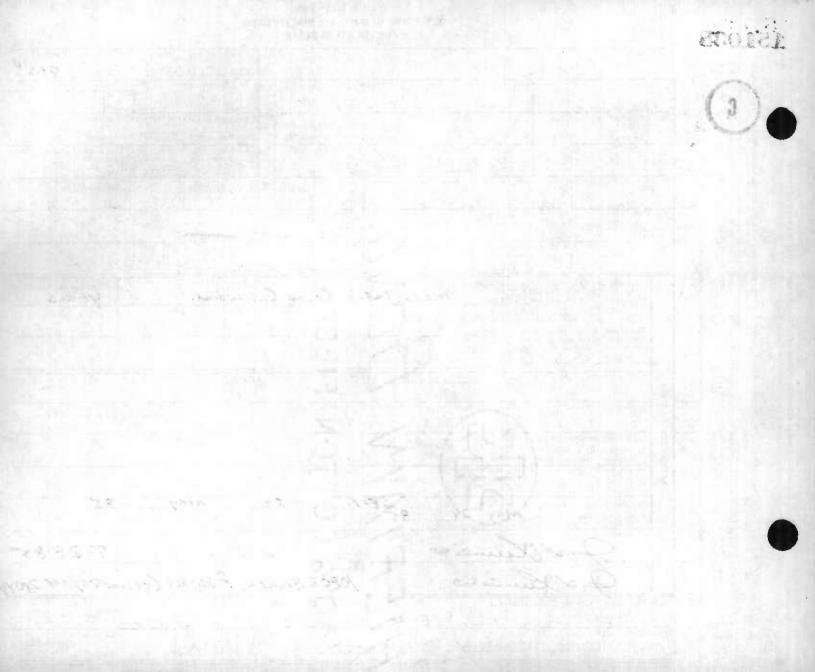




STATE OF MARYLAND

MANUFACTURE PROPERTY OF THE PARTY OF THE PAR many to the first that State many of A CAMP COMMITTER OF THE STATE O FLANCES FLOWING MED TO THE PROPERTY CO.





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20 DATE OF DEATH MONTH 2h HOUR 85 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Howard County Nurses flide Springlield Indian Hill Drive ALIDDLE Sykesville, HD 21784 20b. IF YES, WERE FINDINGS USED 20m AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY

22c. DATE SIGNED

5-13.85

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Harry W. Haight

Total (1.12 - 1.12)

Total (1.14)

158787

uniai 7-10-7 conial enthrong mendil à acraille gir-

h. Poge 4 moy be	ol director, popular 2 hours of referan
be executed within 24 hours ofter deal	on ond completely filled in by the funer
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be etoined by the hospital or offending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction permit. Then please remove carbonopopers. Pages 1 and 2 should be filed within 72 hours of indication with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.
TO HOSPITAL OR ATTENDING PHYSICIAN: The idenoined by the hospital or ottending physicion.	O FUNERAL DIRECTOR: After this certi- hould be detached for use as the buriol- with the State Dept of Health and Menta

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIBNE

	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND I	MENTA HYGU DEATH		REG. NO.	3 3		
)		OR PRINTI Archie	6 RAS	S		AST		20 DATE OF DE	1 85	DAY YEAR	26 HOU	A M
	3. SEX	M	A. RACE AMERICAL IN DIA:	4	5. DATE C	F BIRTH	3 YEAR 10	6. AGE (IN YEAR	YR		HOURS	24 HRS MIN.
1		RTHPLACE (STATE OR FOREIGN COUNTRY)	11.5	HAT COUNTRY?	WIDOWE		VORCED	He	STAW	TY OF DEATH		MD.
/	(OCUMD (A	HOWAR	OSPITAL, NURSIN FACILITY, GIVE STREET A D Cowd	UDDRESS)	zen Hos	Pins		R MOST OF WORKIN		ON C	
5	13a. S			MA DK	7	13d. INSIDE C	NO 19		DRESS / ZIP CO		BIR	4
1		unknow	WIDDLE	LAST		un	FIRST POW		ADDRESS	EAS	51	
-		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	220-74	-332	7 ch	sell Pla	easant V	Tiens No.	Mal.	Me	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	D BY: TE CAUSE (0)	ASA CONSEQUE	a Co	ardia	e Arre	st-a	systa		in au	DEATH S
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE	mu	lenot	clul 14	wary!	arkry clude d	YR YR	5	
	TION	THE PROPERTY OF THE PROPERTY O	seave,	BPHow	dur	NOT RELATED	to the termin		Deale	GIVEN IN PART I		
1	CERTIFICATION	19a DATE OF OPERATION		ION FOR WHICH	OPERATIO		RMED	_	O IN CE	YES, WERE FINDI RTIFYING CAUSES YES [OF DEAT	H?
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	4111	MONTH DA	Y YEAR		1-31-	ED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE OF NOT WHILE OF NORK	21e PLACE O (AT HOME STREE	F INJURY ET, FACTORY, OFFICE FA	ARM ETC	211 LOCATIO)N	.0	ITY OR TOWN	COUNTY	5	TATE
		220 1 certify that (Withis hospi saw the deceased alive an above (I) (we) (Hid) (did no	5/19/8	5 19			(our) opinion de	eath accurred o	n the dote and	hour and from the	couses sto	we) lost oted
		22b. SIGNATURE	VKn	Sun,	M	22e ADDRES	TTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN [22c. DAJE	9/P	_
		Melven J	Kordon	ans		200	ro Ceux			Blankir	MI	1)
i	B	BURIAL, CREMATION, REMOVAL SPECIFY), DELTA JUNERAL DIRECTOR	236 DATE 5-21	- 85 50	ning fi	enetery or c	emclery 25-41-12	23d. LOCATION SUPPLY REPORTS	sville	CHRANIA SISTRAR'S SIGNAT	nia A	4.
	-	JAME VI	-11	ADDRES 4	4	nJ	MAY	2 2 30	O TO	JUNAR 3 SIGNA	OKE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or them 18 shows ony injury, or other traumatic event, the

1 1 6 31 31 21 A PLI A 18 CTSTA WOLF lating the way of the contract Commission of the Commission o

4, 7 Contraction and

The state of the s when the pass threat was the commerce the transfer of the state of th Call the last the property of the sales and the sales of the sales of

these mercentages at 1884 and a march of the colour. Dealer - and

Doubleman Person Column Divisi Commission is assessed.

7815/2

completely filled in by the funeral du

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT & HYGIENE

1	REGISTRAR		CERTIF	ICATE OF DEATH	, REG. N	ю.		
	DECEASED NAME (TYPE OR PRINT)	MIODIE H.	11	HNES	20. DATE OF DEATH	5 19	YEAR 85	12 A M
3		CAU.	5. DATE C MONTH 04	OAY YEAR	6. AGE (IN YEARS LAST BII		UNOER I YEAR	HOURS MIN.
1	COUNTRY) NEW JERSEY	U.S.A.	MARRIE		9. BALTIMORE CITY OF HOWARD		DEATH	MD.
1	ELLICOTT CITY	1. NAME OF HOSPITAL, NUI 9866 HELMWO		DR OTHER INSTITUTION	120. USUAL OCCUPAT		INDUSTRY	F BUSINESS OR
7	USUAL RESIDENCE (IF NURSING HOME OR O 130. STATE N.J. UNIO	Y 13L CITY OR I		134 INSIDE CITY LIMITS?	130.STREET ADDRESS 943 CARLTO		070	9099
4	RÖBERT	HAINES LAST		15. MOTHER'S MAIDEN NA	3)ddim		CURK	
3	WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (YES SOLE WW I	ED FORCES? 166. SOCIAL S WAR OR DATES) 090-09		ELLEN M. NEM	PHOS 9866	HELMWOO		21043
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. Meta-		CARCINOMA	t OP		APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) DODITIONS CONTRIBUTING	EOUENCE OF	PROSTA		NDITION GIVEN		MO5.
1	THE DATE OF OPERATION THE DATE OF OPERATION THE DATE OF OPERATION	19b. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20s. AUTOPSY?	10h IF YES, W IN CERTIFYIN YES [
- 10	ALE VCCEDENT MAY PRODUCED TO SET THE STATE OF SET THE STATE OF SET THE	71s. TIME OF INJURY HOUR A.M. MONTH P.M. THE PLACE OF INJURY	DAY YEAR	THE HOW INJURY OCCUR				
	Of I certify that (I) this haspita	offended the diseased fro	- APRIL	23 85	MAT MAT	19. 19.		that (1 (we) ast
	spw file desired to the not be ignerated to the not be	A Post of the body after death	The	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE	
	DIANA H.	GRIKHUD	6	900 CATON	Ave. 7	BAKT.	Mo	Peas
1	BURIAL CREMATION REMOVAL (SPECIFY)		FA IRVIE	EMETERY OR CREMATORY W CEM.	23d. LOCATION CITY OR TOWN	ON CO.,	NEW J	ERSEY

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the should be detached for use as the burial-transit permit. Then please remave carbanpaps with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval

24 FUNERAL DIRECTOR
HUBBARD FUNERAL HOME, INC.

4107 WILKENS AVE 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE BALTO., MD. 21229 MAY 20 1985

DHMH - 16 60M 7/B4

(VRA 15, 4)

BURIAL MAY 26,1985

FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY MT. CARMEL

ITY OR TOWN SUNSHINE

MONT. MD.

STATE

250 DATE REC'D. BY REGISTRAR Sh. REGISTRAR'S SIGNATURE

A STATE OF THE PARTY OF THE PAR

the state of the s

BP_____ DHMH - 16 50M 4/83 (VRA 15, 4) FOR STATE REGISTRAR

DECEASED NAME

John

В.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE

CERTIFICATE OF DEATH

Isles Isles

GIENE

20. DATE OF DEATH

REG. NO

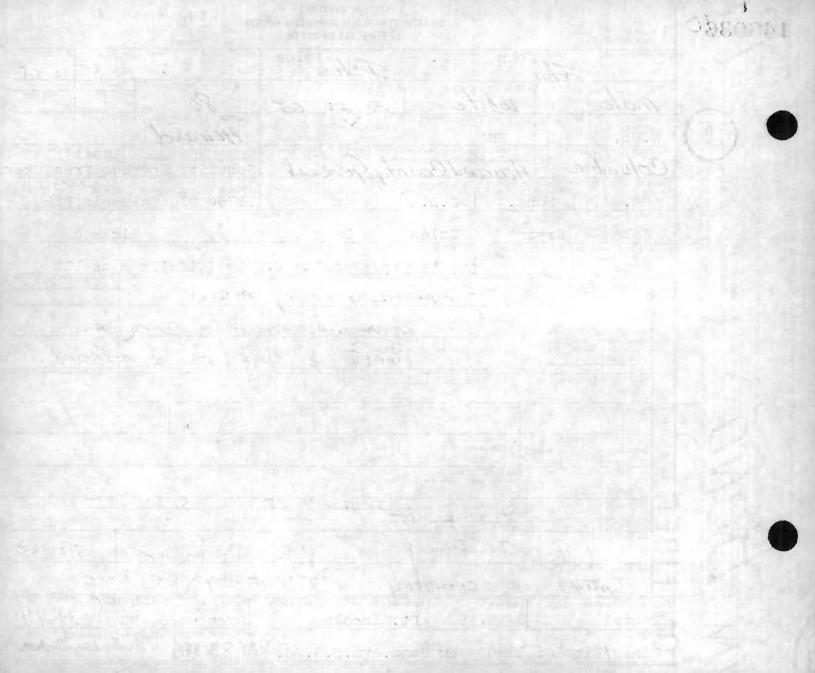
MONTH

5.

2-1:

26 HOUR

3. SE)	()	4. RACE	. /	S. DATE OF	BIRTH		6. AGE TIN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER	
1	male	lohi	te	MONTH 3	26	05	80	YRS	MONIHS DAYS	HOURS	MIN,
	RIMPLACE (STATE OR FO	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MA	ARRIED T	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
	.Va.	UBA		WIDOWED		ORCED	Howar	d.			MD.
IO CI	TY OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSING		OTHER INSTIT	MOITUT	12a USUAL OCCUPATION OF OF WORK FOR MOST O		ASSERY	BUSINE	SSOR
C	Olumbia	Hrim	ed Cour	tes C	1enex	al	Security	Stor			urer
	AL RESIDENCE (IF NURSI	ING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AL		3d INSIDE CIT	V LIMITED	13e STREET ADDRESS	-	16	466	1
138 3	Md.	Mont.	S.S.			10 []	11700 Old		umbia	Pik	e
4 FA	THER'S NAME			1	5. MOTHER'S		NĒ.				
	John	Bryan	Isles		Emma	RST	WIDDLE	В	irkbec	k	
	VAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURI	TY NO. 1	17 INFORMAN	T	ADDRE	SS			
()	None	(IF YES, GIVE WAR OR DATES)	577 05 5	1947	Rosell	a H.I	sles(Wife) Sam	e as 1	3E	
		H (Enter only one couse per						7	APPROXI BETWEEN C		VAL
	PART I. DEATH W		CARDI	-	PIRM	TORN	ARREST			71.02	
1	W. C. L. L. C.					1			1 6-1		
	Canditions, if ony,		R AS A CONSEQUEN		rewit.	mun	LARDING T	man	cation.		
	gove rise to imm	nediote				1			9		
	underlying couse		R AS A CONSEQUEN	IAB E	IFS 8	CAR	+BRO VASUL	AR.	ACIDE	Ter	-
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
NO	78400000										
CERTIFICATION	190 DATE OF OPERAT	TION 196 COND	ITION FOR WHICH O	PERATION	WAS PERFOR	MED	200 AUTOPSY?	206. IF YES	S, WERE FINDIN	IGS USED	
TIFIC	S. Barrell St.						YES NO NO	YE YE	YING CAUSES	NO [_
CER	210. ACCIDENT WAS UND	1 110110 4		VEAD	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM TO P	PART TOR PART ?)		
	OR CONTRIBUTING C	AUSE OF DEATH	M. MONTH DAY	YEAR 19							
MEDICAL	21d. INJURY OCCURR	RED 21e. PLACE	OF INJURY		211. LOCATION	4	CITY OR TO	WN	COUNTY	(IAIE
2	WHILE NOT WH	ILE .	REET, FACTORY, OFFICE, FAR	M, ETC)	PINEEL		CITORIO	414	CODIVII	3	AIL
		(this hospital) attended th	e deceased from	5.	11 .	19 85	_, to	21,	19 81	that (1) (v	we) lost
	sow the deceose	ed olive on	1985	, ond	that in (my) (our) opinion d	eoth occurred on the do	te and hou	ond from the	couses sto	ited
.53	226. SIGNATURE	and (tale not) view me body	oner deom.	DE	EGREE	2000			22c. DATE	SIGNED	
9-12	1-	It Con	-Enwy			TENDING	MEDICAL STAF		5	1211	85
72	226 PHYSICIAN'S NA	AME (TYPE OR PRINT)	1		22e ADDRESS						
m	Imit	12. H-	CHOND HE	4	10	798	M GERY PO	hE	REND		
	BURIAL, CREMATION,	REMOVAL 236 DATE	23c NA	ME OF CE	METERY OR CE	REMATORY	23d. LOCATION	celi	ו הוצות	111)	
	Burial	5/24/	85 Ft	.Lin	coln		Brentwoo	od P	G Md.	2/01	f"4
24 FL	UNERAL DIRECTOR					250. DATE	REC'D. BY REGISTRAR				1
H	lines/Rin	aldi 11800	New Ham	p.Av	e.S.S.	Md. M	AY 23 1985	guille	a Laurdson	-yano	Less.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH 26 HOUR 1. DECEASED NAME LIYPE OR PRINTS Elen 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX DAIS HOURS BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISLATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY DIVORCED [WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR INDUSTRY LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADA 13a. STATE 13e STREET ADDRESS / ZIP CODE 4 FATHER'S NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT MOON BEAM (YES, NO OR UNKNOWN) I LIE YES GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 101 DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 71d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (Withis hospital) attended the deceased from sow the deceased alive on Sobove, (I) (we) (did) (did not) view the body after death. and that in (my) four populion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE THE DATE SIGNE ATTENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN should be 220 ADDRESS MPORT 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL DHMH - 16 50M 4/83 FUNERAL HOME-5209 YORK (VRA 15, 4)

			drest.
58 68 1 8	1 states of		
	No. 2 5 50		
Howard Car			
TO PROPERTY AND A COL			
Total Miles Pharethood	S E sisming	will like	
	14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	Theedore	
The second section will be written	Karage Kar	100	
The property of the			
Edition of the same	Electrical Designation	CNEP WOODS	
The second of the second	tell of the season present the	Relatense	

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

147 40

	REGISTRAR												_
	CEASED NAME	FIRST	MI	DDLE	1	LAST	20. DATE	OF DEATH	HINOM	DAY	YEAR	2b. HOU	Rg
TAME	Mrs.	Hele	n Mar	ie Ke	llv .			May 9 1	985			4	M
SEX		4. RA			5. DATE C		6. AGE (IN YEARS LAST THE		IF UNDER		IF UNDER	-
Fe	amale	C	aucasia	n	MONTH V	13 1898	86	~	YRS.	MONTHS	DAYS	HOURS	MIN
s. BH	FTHFLACE (STATE OR FOI			HAT COUNTRY	Y2 8		9 BAITIA	AORE CITY O		Y OF DE	ATH		
40.00	arvland	U	I.S.A.		WIDOWE	ED NEVER MARRIED	1	ard Count	t.v				N
	ITY OR TOWN OF DEAT	H / 11. I	NAME OF HO		SING HOME	OR OTHER INSTITUTION	12a. USU/	AL OCCUPATE	ON			F BUSINE	
Co	olumbia			eachity Give Stre		snital		ORK FOR MOST O	F WORKING I		ustry derat	fter's	T
USUA	AL RESIDENCE (IF NURSIN	HOME OR OTHER	R INSTITUTION, O	IVE KESIDENCE BEF	ORE ADMISSION)				/ 71D COE	11 7 7			
- 4		Baltimor		Randal		YES NO X		Orpin			01	2113	13
_	ATHER'S NAME				2001112	15. MOTHER'S MAIDEN				por I			
Jc	oseph Kelley	MIDDLE	E	LAST		Catherine C	niglev F	MIDDLE (ellev			LAS	ī	
6g W	WAS DECEASED EVER IN			16b SOCIAL SE	CURITY NO.	17 INMPSAAMARY S		ADDRE	SS		47	2113	13
No		(IF YES, GIVE WAR	OR DATES)	219-20-	-7761	9615 Orpin		R	andall	stown	1	Marvla	
	18 CAUSE OF DEATH					, 30 i3 or p.m.		-				MATE INTER	
	Conditions, if ony, gove rise to imme couse (o), stating underlying couse	which ediote the lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEC AS A CONSEC (Me	OUENCE OF OUENCE OF	,	FAILUM LIVUM	m (555	DITION	DVEN) by F	DART 1		
ATION	Conditions, if ony, gove rise to imme couse (o), stating underlying couse	which ediote the lost.	DUE TO, OR (b) DUE TO, OR (c) DITIONS COI	AS A CONSEC CON AS A CONSEC CHE NTRIBUTING TO	DUENCE OF OUENCE OF O DEATH BUT	E HEART	FAILUM LIVUM A	m (555	20b. IF Y	ES, WERE	FINDIN	NGS USE	
TIFICATION	Conditions, if ony, gove rise to imme couse to, stating underlying couse	which ediote the lost.	DUE TO, OR (b) DUE TO, OR (c) DITIONS COI	AS A CONSEC CON AS A CONSEC CHE NTRIBUTING TO	DUENCE OF OUENCE OF O DEATH BUT	TIPS WIM I	FAILUM LIVUM A	ASE OR CON	20b. IF YI		FINDIN	NGS USE	H?
CERTIFICAT	Conditions, if ony, gove rise to imme couse to, stating underlying couse	which diote the lost. FICANT CONE ON RLYING BUSE OF DEATH	DUE TO, OR (b) DUE TO, OR (c) DITIONS COI 19b CONDIT	AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION FOR WHICH INJURY	DUENCE OF DUENCE OF DEATH BUT	TIPS WIPS T NOT RELATED TO THE TE	FAILUM LIVER 200 AL YES	ASE OR CON	20b. IF YI IN CERT	ES, WERE	FINDIN	NGS USEI OF DEAT	H?
CERTIFICAT	Conditions, if ony, gove rise to imme couse tol, stating underlying couse PART 2. OTHER SIGNII 19a DATE OF OPERATION 21a ACCIDENT WAS UNDER OR CONTRIBUTING CA	which didiote the lost. FICANT CONE ON RLYING UUSE OF DEATH ILL EXAMINER)	DUE TO, OR (b) DUE TO, OR (c) DITIONS COI 196 CONDIT 716. TIME OF HOUR A.M P.M 71e. PLACE O	AS A CONSECTION OF AS A CONSECTION FOR WHICH INJURY MONTH	DUENCE OF DUENCE OF O DEATH BUT	TIPS WIPS T NOT RELATED TO THE TE	FAILUR ARMINAL DISE	ASE OR CON	20b, IF YI IN CERT Y	ES, WERE IFYING C YES I PART I OR	FINDIN	NGS USER OF DEAT	H?
CERTIFICAT	Conditions, if ony, gove rise to imme couse (a), stating underlying couse PART 2. OTHER SIGNII 19a DATE OF OPERATION 21a ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFETIMER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a L certify that (1) (1) 5 ow the deceased	which didiote the lost. FICANT CONE ON REYING LISTANTINERS OF DEATH ALL EXAMINERS OF D	DUE TO, OR (b) DUE TO, OR (c) DITIONS COI 19h CONDIT 21h. TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STREE)	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DUENCE OF DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 19	TIPS WIM TO THE TE	FAILUR A	ASE OR CONI	20b. IF YI IN CERT Y RY IN ITEM 18	ES, WERE IFYING C YES PARTIOR COL	FINDING AUSES	NGS USEI OF DEAT NO [H?
CERTIFICAT	Conditions, if ony, gove rise to imme couse to!, stating underlying couse PART 2. OTHER SIGNII 19a DATE OF OPERATION 21a ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFETHER NOTIFY MEDICA 21d INJURY OCCURRE AT WORK AT WORK 22a 1 certify that (1) (1)	which didiote the lost. FICANT CONE ON REYING LISTANTINERS OF DEATH ALL EXAMINERS OF D	DUE TO, OR (b) DUE TO, OR (c) DITIONS COI 19h CONDIT 21h. TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STREE)	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DUENCE OF OUENCE OF OUENCE OF OUENTH BUT CH OPERATIO DAY YEAR 19	TIPS WIM T NOT RELATED TO THE TE ON WAS PERFORMED 21c. HOW INJURY OCC 21f. LOCATION STREET , 19 and that in (my) (our) opinit DEGREE ATTENDING PHYSICIAN	PAILUM 200 AI YES URRED (ENTER on deoth occur	ASE OR CONI	20b. IF YI IN CERT IN CERT IN ITEM 18	ES, WERE COLOR COL	FINDING AUSES PART 2) UNITY om the	NGS USEI OF DEAT NO [TATE
MEDICAL CERTIFICAT	Conditions, if ony, gove rise to imme couse (o), stating underlying couse PART 2. OTHER SIGNII 19a DATE OF OPERATION 21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILL AT WORK 22a I certify that (I) (1) sow the deceased obove, (I) (we) (die obove, I) (we) (die obove, II) (we) (die obove, III) (we) (die obove, III) (we) (die obove, III) (we) (die obove, IIII) (we) (die obove, IIIIII) (we) (die obove, IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	which diote the lost. FICANT CONE FICANT CONE REVING AUSE OF DEATH ALL EXAMINER D D this hospitol) of dolive on d) (Lith not) view ME (TYPE OR PRIN	DUE TO, OR (b) DUE TO, OR (c) DITIONS COI 19b CONDIT 21b. TIME OF HOUR A.M P.M 21c PLACE O (AT HOME, STREI attended the	AS A CONSECTION OF INJURY A. MONTH A. MONTH C. FERALTORY, OFFICE deceosed from 19	DUENCE OF OUENCE OF OUENT PUT O DEATH BUT CH OPERATIO DAY YEAR 19	TIPS WIM T NOT RELATED TO THE TE ON WAS PERFORMED 21c. HOW INJURY OCC 21f. LOCATION STREET 19 and that in (my) (our) opining DEGREE ATTENDING	PAILUM 200 AU YES URRED (ENTER On deoth occur MEDIC, DIRECTO	ASE OR CONI	20b. IF YI IN CERT IN CERT IN ITEM 18	ES, WERE COLOR COL	FINDING AUSES PART 2) UNITY om the	NGS USEI OF DEAT NO [H?

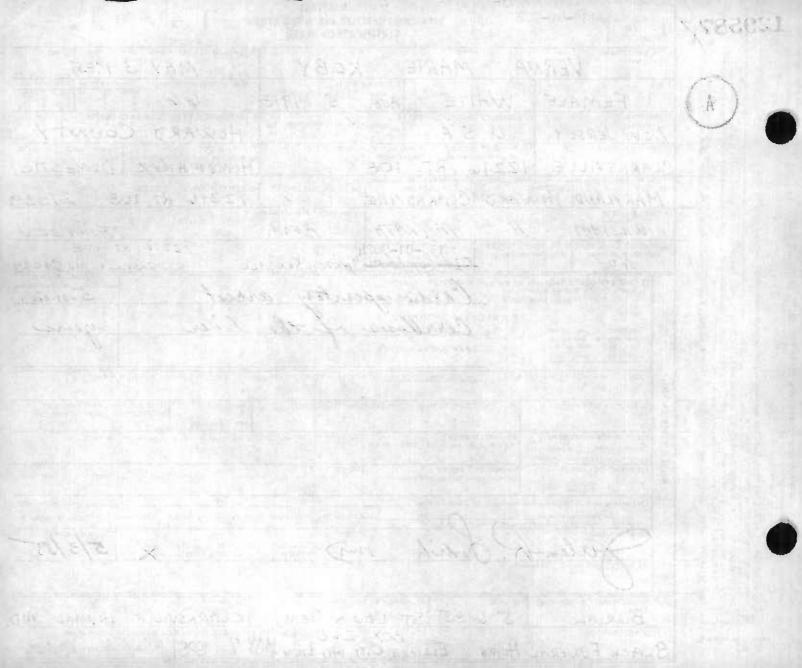
DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

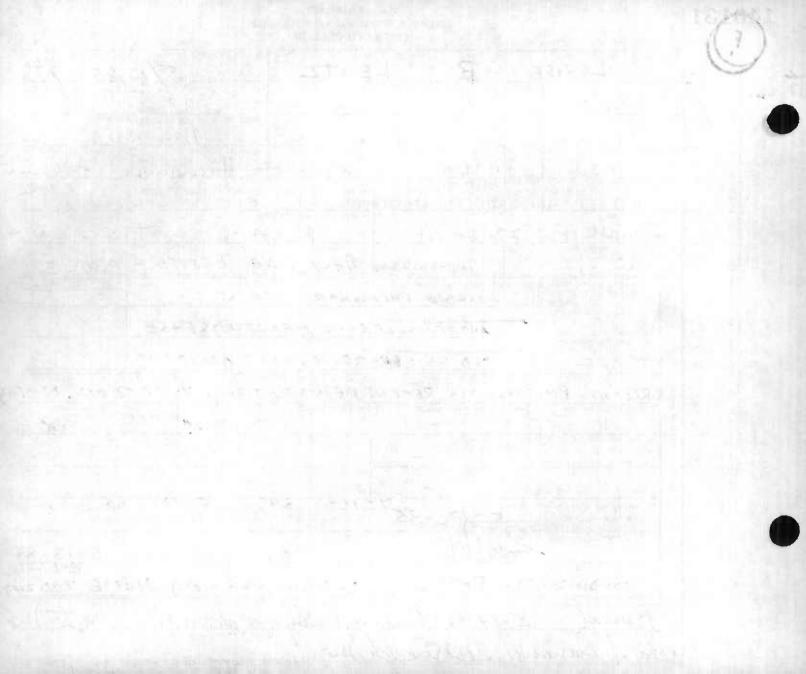
MPORTANT: If Hem 21 is morked or Item 18 showpany injury, or other troumatic

Low Marke Kel TELEBRICA I 4. ord of recognization sagina Publican Redallatour I SITE Option Ford April 101 21153 Caldina Cityle Many The agranded John Paul - Rechard Hardy Eldy The Land of the Country of the Count .out producted in a transfer to get at Marie Land Control of the Control of This will a waller to the last

129587	FOR SSN#138-01-9024 jps DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH 1- STATE REGISTRAR REG NO.	
	I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25. HC	DLIR
а е ф ф 2	ITYPE OR PRINT) VERNA MARIE KOBY MAY 3 1985	м
e 4 mo)	FEMALE WHITE S. DATE OF BIRTH AND 1918 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER	DER 24 HRS.
P 80	To. BIRTHPLACE (STATE OR EOREIGN TO. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	7
9 11 4	NEW JERSEY U.S.A. WIDOWED DIVORCED HOWARD COUNT	MD.
on softer	CLARKSVILLE 12216 RT. 108 HOME MAKER DOMES	
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours vysicion and completely filled in biopers. Pages 1 and 2 should be fill you!	USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 137 CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE 12216 RT. 108 21	029
iffiner 2 sp	4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME	
ond ond	WILLIAM MODEL MEGRATH ANNA THOMPS	ron
MORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOGIAL SECURITY HO 2 17 INFORMANT ADDRESS 18 RT. 108	L HEA
LTIM	18 CAUSE OF DEATH (Enter only one couse per line 19 to), (b), and (c).) APPROXIMATE IN SERVICE ON SET ME. ON	1029
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certificate this certificate has been signed by the ottending phost the buriol-transit permit. Then please remove carboning the and Mental Hygrene prior to buriol, cremation, or remand when the lashows any injury, or other traumatic even and the property of the property o	PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<u></u>
e low require. nos been s permit. The	TO THE CONDITION FOR WHICH OPERATION WAS PERFORMED 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY INTERM 18 PART 1 OR PART 2)	ATH?
DF VITAL F	OR CONTRIBUTION CONTRIBUTION OF DEATH MOUNTAIN, MONTH DAY TEAK	
G PHYSK of P	OR CONTINUED TIME OF COUNTY LE ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214. IN JURY OCCURRED 216. PLACE OF IN JURY (AT HOME, STREET, FACTORY, DEFICE, EARM, ETC.) STREET CITY OR TOWN COUNTY STREET	STATE
NON I or	22a.l certify that (1) (this haspital) attended the deceased from	
ATTE SSPITE CTO CTO d for of the n 21	saw the deceased alive an	
the hor the hor the hor the hor the DIRE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNE 5/3/2	55
O HOSPITA etoined by TO FUNERA should be de with the Stot	276 ADDRESS	
O S O S S S S S S S S S S S S S S S S S	236. BURIAL, CREMATION, REMOVAL 231. DATE 236. NAME OF CEMETERY OR CREMATORY 234. LOCATION	
BP	BURIAL 5-6-85 ST. LOUIS CEM. CLARKSVILLE HOWARD	MD
DHMH - 16 50M 4/83	24. FUNERAL DIRECTOR NAME POORESS BOX Z 68 25. DATE REC'D. BY REGISTRAR'256. REGISTRAR'S SIGNATURE NAME ADDRESS REGISTRAR'S SIGNATURE	0.00
(VRA 15, 4)	SLACK FUNERAL HOME ELLICOTI CITY, MD ZIQUENTAT 1 1985 GUILLEDANGEN HOME	dell.



Same Children Some Sun Borre Call



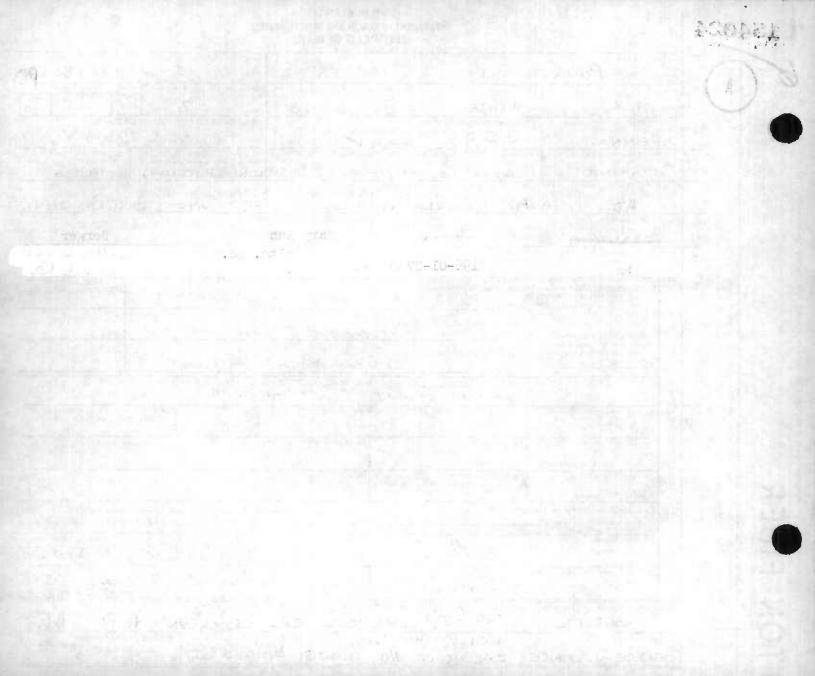
-	FOR STATE REGISTRA
	_

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	13	i	4	1
-	-	-		4

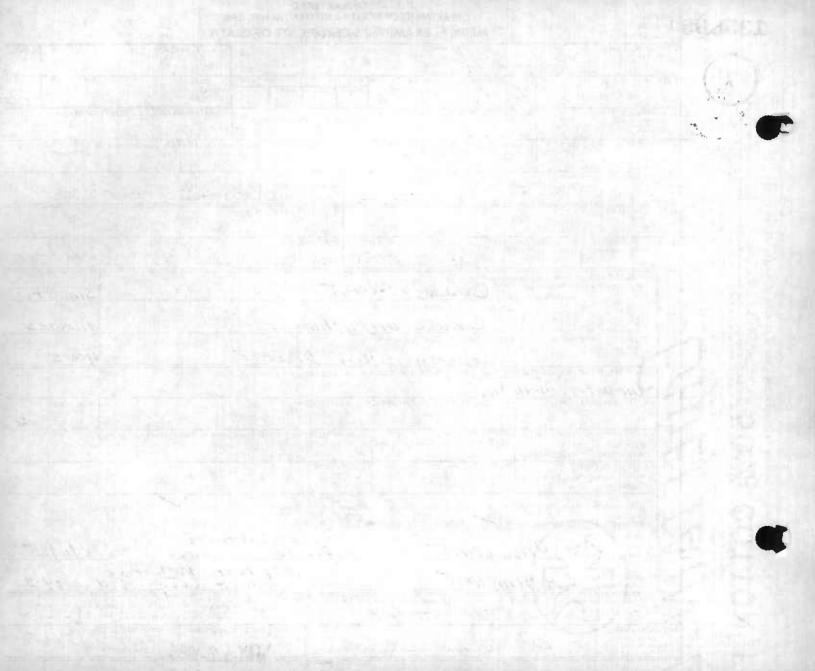
140033	1-	STATE REGISTRAR	DEI ARTII	CERTIFICATE OF DEATH	REG. NO.	
(0)		CEASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR 26 HOUR
2(76)	{TYPE	LOUIS	M	ANDMET		5 14 85 945 M
OF B.O.	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR IF UNDER 24 HRS
ctor s offi		MALE	White	9 /2 1.90.7	77:	MONTHS DAYS HOURS MIN,
Pag dire		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	9	9. BALTIMORE CITY OR	
oth.		ew York	US	MARRIED NEVER MARRIED WIDOWED DIVORCED	HAWARD	COUNTY MD.
thun thun de		TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	
off of the	0	OLUMBIA	(IF NOT IN SUCH FACILITY, GIVE STREET		Mail Carri	
ours e fil		AL DECIDENCE AS ABJUST NO ME OF	HOWARD CTY OTHER INSTITUTION GIVE RESIDENCE BEFORE	GEN. HOSP	Mail Carri	ier Postal Ser.
24 h	13a. S	M D COUNTY	G.20 Beltsvi		3906 /Calve	
thin thin	4. FA	THER'S NAME		15 MOTHER'S MAIDEN NA	ME	TENT BINGE #25
d w	1	A1	Manomet	Carol	MIDDLE	unkown
con a contract of the contract		VAS DECEASED EVER IN U.S. AR			ADDRES	
Poge exe	0	YES NO OR UNKNOWN) (IF YES, GIV	2076-07-	7980 Eug g nie Ma	anomet sa	ame as 13e
sicso pers. ol.		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and	dicu		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy npo movent		PART I. DEATH WAS CAUSE	D BY. E CAUSE (a) C DE CI.	opulmonzen 2	22257	
ding priba price	1	MMCDIA	DUE TO, OR AS A CONSEQUE			
ttend don, a	1	Canditions, if any, which		STIVE HZZET -	PILLET	
he o he o emo matr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE			
by t by t by t bse r l, cre		underlying couse last.	DUE TO, OK AS A CONSEQUE	NCE OF		
ned ple ourige		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART Ita
The The	NO NO					
Prior P	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED
he le	Ē	NONE			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
T. Z. T. Consider Con	E. C.	210. ACCIDENT WAS UNDERLYING	THE PART OF THE PA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IB PART OR PART 2)
KCIA B pla B pla iol-trip iol-trip iol-trip	AL	OR CONTRIBUTING CAUSE OF DEA	in	19		
HYS nding his contractions	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOW	N COUNTY STATE
otte potter t s the	2	AT WORK NOT WHILE AT WORK	TAT HOME STREET, FACTORY, OFFICE, FA	arm etc y		
AF SE OF SE		22a 1 certify that (1) (this haspi	tal) attended the deceased fram_	5-3 ,1985	2, to 5-1	19 85 , that (1) (we) last
TTE prite for a sef H		saw the deceased alive on abave. (1) (we) (did) (did no	1) view the body after death.	and that in (my) (our) opinion	death occurred on the date	e and have and Iram the causes stated
has has ept ept tem		276. SIGNATURE	The Walle Body Gifter Octain.	DEGREE		22c. DATE SIGNED
AL D Jeto Jeto Seto T: If		UNIS	70lomn_	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	AND 5/16/85
HOSPIT Ined by Uld be of the Str		224. PHYSICIAN'S NAME (TYPE C	R PR	22e ADDRESS	10	
0 0 0 = 0.		Louis Sc	16mond IV	1D - Towar	21 Countife	ENERSIHOSPITEL.
5 € 5 € 3 ₹ 1			23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		Cremation			Laure	21 P.G. M.J.
DHMH - 16 50M 4/83	24 FI	JNERAL DIRECTOR	7601 S	andy Spr. Rd.	TERECDYBY REGISTRAR 2	REGISTRAR'S SIGNATURE
(VRA 15, 4)	17	POCK's F.H.	Inc.	Laurel Mal MA	Y 1 5 1095	in bandon-finales

DOWN Z STANDARD WARRY CO. 711 The state of the s the state of the s dieth Ary I mileste

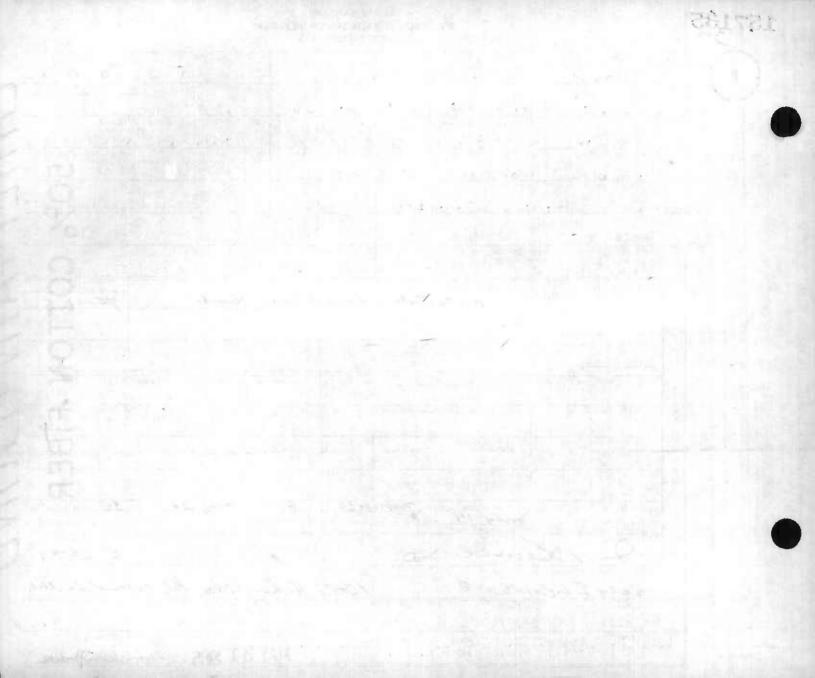


redament resulting of equitors of the Arthurson The second secon

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN 1. DECEASED NAME FIRST 7b. HOUR (TYPE OR PRINT) OF ESTI-1985 11 12 PM DEATH MATED MARIE MIRISIS 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 24. DATE DAY LAST BIRTHDAY PRONOUNCED White Jan 12, 1905 80 DEAD 2:20P Female YRS 5 11 85 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Greece WIDOWED K DIVORCED U.S.A. Howard County 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Ellicott 3653 Housewife 21043 SHOULD BE Valley Road 113b. COUNTY 13a. STATE 13c. CITY, OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Valley 21043 Ellicott City 13653 Road Maryland Howard YES NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PA. MIDDLE MIDDLE LAST LAST PAGES 1 AND DIVISION OF AU late late FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES 154 12 8307 D Helen Karukas 3653 Valley Rd 21043 Mrs 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ATTEST Simult IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF CAL EXAMINER AS BURIAL-TRANSIT P Canditians, if any, which arrhythmia MINUTES gave rise to immediate cause (a) stating the underlying cause last. lears DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC AS A CERTIFICATION ia Detes 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF YES NO 8 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PRIOR 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OR TOWN TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21; 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: TITLE (SPECIFY) SUBSTITUTE EXAMINER'S NAME B.H. Minchen (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Hamilton Township New Jersy May 15'85 Burial Greenwood BP. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** Harry H Witzke 4112 Columbia Rd Ellicott City (VR A15 ME (5)) 15M 7/77



571	135		FOR	DEP		OF MARYLAND EALTH AND MENTACHYG	IÈDE .	474	7
4	2	1 -	STATE REGISTRAR MARY C.			ICATE OF DEATH	REG. NO	O.	
1	1		CEASED NAME FIRST	WIDDIE	U	AST 1			EAS 26 HOUR
()	.)	(1362	Mary	С.	Morio		3	268	3 4.25 am
\	/	3. SE)	Fomolo	4 RACE	5. DATE O	1BIRTH DAY 10 YEAR 26	6. AGE (IN YEARS LAST BIRT	THDAY 58 IF UNDER 1	1 YEAR FUNDER 24 HRS DAYS HOURS MIN.
Pon de	14		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	MARRIEI	100	9 BALTIMORE CITY O		тн
100	(0)		NewYork	U50	WIDOWE	DI DIVORCED	Howar		
1 13	(1)/	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST O	FWANKING LIFE) INDU	
Files	76	-	AL RESIDENCE (IF NURSING HOME OR		Nursing	Home	Health Ai	de He	alth
filled in		13a S	TATE 136 COUN	NTY 13c CITY OR		13d INSIDE CITY LIMITS? YES NO X		ZIP CODE nder Hill	Road 21045
mpletely ond 2 sl	130	14 FA	THER'S NAME FIRST Louis	MIDDLE Ciavar	dini	15. MOTHER'S MAIDEN NAM	WE	Cam	poli
nd co	dicol		AS DECEASED EVER IN U.S. AR	VE WAR OR DATEST	SECURITY NO.	17 INFORMANT	ADDRE		
be e	e a		NIO	092-2	0-2443	John F. Mo	riarty Sam		
the deoth certificate the attending physics remove corbon pope	remation, or remava her traumatic event, t		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA! Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	THE CAUSE (a)	SEQUENCE OF	Breast Can	ciVoust.		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
en ires tho gned by	Try, or at	NO	PART 2 OTHER SIGNIFICANT ((IC) CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART Ira
has be t permit	19	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	
CIAN: 9 physic enficote iditrons	100		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PA	(RT 2)
attending the the total	skad or 1	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DFFICE FARM ETC)	.211 LOCATION STREET	CITY OR TO	WN COUN	STATE YTM
ATTENDE cognitol or ECTOR, At red for use of	or of Healt m 21 is mo		22a certify that (1) (this hospi saw the deceased alive an abave, (1) (we) (did) (did no 22b SIGNATURE	(tal) ottended the deceased f	19 85 an	d that in (my) (aur) opinian o		ate and hour and from	, that (I) (we) lost om the couses stated DATE SIGNED
TAL CH by the b RAL DIR detoch	7 - 7		De of the	Leunie	200	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		-26-85
thoried of Figure 1	APORTA		22d PHYSICIAN'S NAME (TYPE OF	Ex-Ne-SOO		10802 Hick	og Ridge	Rel (dlan	wiGit, Hel.
		23o E	urial, cremation, removal Specify) Burial	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
ВР	-			5/29/85		Park Cemeter	Baltime EREC'D. BY REGISTRAR	OTE	Md.
OHMH - 16 60 (VRA 15,		5	erox Min Russe 555 Twin Knolls	Road, Columb	Funeral ia, Md.	Homes P.A. MA	Y 31 1985	Sura Davids	Andago



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TY GIENE

1	4	7	1	R
	Can	8		V

	E.	4710
	Ė	35
	0	100
	0	250
	9	23 5
_	0	28/
2	Jr.S	030
7	0	11.5
2	4	2.7
4	6	72 /
į.	Ę	1.6
a a	3	11/
Ē	Po	EFA
u"	S	0.50
5	×	age age
3	0	D D
	0	D 2
X	ofe	of D
7	J.	d o o
7	er.	P 00
2	-	dir
2	Ď	e o
ũ –	ō	000
2	he	e m
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 2:201	=	y e
-	t t	of.
7	es s	e da
ć .	5	signer of b
2	8	g F t
3	3	rio
ii .	0	e P
4	o P	P P
-	: T	nsi
>	ZZ	TOT
5	0 0	To of
2	YS	Weigh
2	H	de b
-	0 =	4 6
5	Z L	Pho S
	90	ed ed
	声も	0 5 =
	A GS	0 40
T	S S	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparing the data to the attending should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages, the first than thin 7 the with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
	Pe o	000
	TAI	del
	SP	Z P P
	0 %	D P +
	Ho	J 00 4
	IO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours offer death, re-retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the filter than should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages, the set of the filter filter with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.
NA	111	1151

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

9	REGISTRAR			CERTIFICATE OF DEATH					REG. NO.				
			IR51		MIDDLE	l	.AST		20 DATE OF DEATH	MONTH D	DAY YEAR	26 HO	UR
1	(TYPE	ORPRINT) MAR	IE		М.	NECI	но			5	5 198	58:0	0 AM
	3 SEX	(4 RACE	A	5 DATE C			6 AGE (IN YEARS LAST B	_	IF UNDER I YEAR	IF UNDE	R 24 HRS
	2	Female	Y I	White		3	17 17	1905	80	YRS	MONTHS DATS	HOURS	MIN.
-		RTHPLACE STATE OF FORE	EIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	MARRIED T	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
7	P	Pennsylvania U.S.A.			MARRIED NEVER MARRIED WIDOWED DIVORCED			Howard County M				MD.	
Λ		TY OR TOWN OF DEATH	1	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)			120 USUAL OCCUPAT	OF BUSIN	ESSOR		
	- 1	olumbia	il .		County G		1 Hosp	ital	Housewit	e	Own	Home	
4	13a. S	AL RESIDENCE LIF NURSING	COUN		1136 CITY OR TOWN		1 13d INSIDE	CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	9	44	190
1	Per	nnsylvania T	ela	ware	Lansdown	Lansdowne YES & NO			286 Copper Ave. Lansdowne, Pa.				
1	14 FA	THER'S NAME		MIDDLE			15 MOTHER	SMAIDENNAM	E				
1	1	Joseph		Miglio LAST			The	resa	WIDDLE	Berardi			
H	16a V	VAS DECEASED EVER IN	U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORM		ADDE	ESS			
7	(YES, GIVE WAR OR D.			E WAR OR DATES)				ueline N	5627 Gulfstream R N. Weitzel Columbia, Md.				044
		18 CAUSE OF DEATH	Enter on	ly one couse per	line for (p), (b), pnc	lost					BETWEEN	IMATE INTE	RVAL D DEATH
		PART I. DEATH WAS	MEDIAT	E CAUSE (o)	CARDIO .	- Pu	LMON	ARY 1	4121ZEST				
				DUE TO O	R-AS-A-CONSEQUE	AICE OF				THE STATE OF			111
٦		Conditions, if ony, w	hich	(מלושות	A - V	A <17 10	AP OF	CINENT	T SEI	ZNEF-		
		gove rise to immediate											
		couse (D), stoting the DUETO, OR AS A CONSEQUENCE OF underlying couse lost											
		(c) OFFER GASIKO INTESTITATE ISCHEDING											
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TID URINARY TRACT JUPECTION, PNUEMBNIA, METASTATIC BREAST CANCER											
	JI I	URINARY TIZACT TNASCHOOL											
1	CERTIFICATION	140 CON		148 CONDI	DITION FOR WHICH OPERATION WAS PERFORMED			IN CERTIFYING CAUSES OF DEATH?					
=	181	A.S.C.V.D		1 AU THAT O					YES NO X		S 📗	NO [x
		OR CONTRIBUTING CAUSE OF DEATH COURT A.M. MONTH				Y YEAR	21c. HOW II	NJURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	ART I OR PART 7)		
4	₹ V	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.				19							
	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY			OF INJURY	21f LOCATION			CITY OR T	OWN	COUNTY		STATE
1	Σ	WHILE AT WORK AT WORK					JIME						
1		220.1 certify that (I) (this haspital) attended the deceased from 4-25 19.85 to 5-5 19.85 that (I) (we) last											
1		sow the deceased alive on 575 to 85, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not a country body of the date of the date of the country body of the date of the country body of the date of the country body o											
		22b. SIGNATURE DEGREE							22c DATE	SIGNED			
		ATT PAGE	1	>1AT	My	1		ATTENDING PHYSICIAN	MEDICAL STA	CIAN [5/	5/85	
1		22d. PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS						,		
		Sudhir D. Patel			Howard County G			General H	ospita	l Colu	mbia	, Md.	
	23a B	URIAL, CREMATION, REA	MOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR	CREMATORY	23d. LOCATION		COUNTY		STATE
		Cremation	43	5/6/8		tview	v Cream	natory	0 .	ville.			
	24 FU	INERAL DIRECTOR 555	5 Theri	n Knolle	Rd Columbia	o Md	210/.F	250 DATE	REC'D. BY REGISTRAL	25h. R. GASTE	RAPSSIGNAT	TURF)	2 00
	Ler	oy M. & Russel	Ĭ Ċ.	Witzke Fu	meral Home	a, rid.	21043	M/	AT 8 1985	June 1	in an acay	- Month	TOUL

Sarver of the contract of the same of the

A KAM

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

14/4

- 1	51	REGISTRAR			REG. NO.								
		DECEASED NAME FIRST MIDDLE			F LAST 9 9			20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
	DOROTHY M. ORNDORFF			NIDODEE -		1 2		5 A18	5		1 40		
1	3 SEX		4. RACE		DATE O	F BIRTU		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
	/	Female	White	MONTH			26 32 5			2 YRS MONTHS DATS HOURS MIN.			
1	70. BIRTHPLACE CHIATE OR FOREIGN 76 CITIZEN OF WHAT COUNT			VHAT COUNTRY? 8		/		9 BALTIMORE CITY		OF DEATH			
2	1	Maryland	US,	family 1	MARRIED VIDOWEI	NEVER M	ORCED [dow	ard C	sunty	MD.		
1	10. CL	ALLMULA	11. NAME OF H	OSPITAL, NURSING	HOME O	MAL HO	TUTION	120 USUAL OCCUPA	ATĮON KING LI		OF BUSINESS OR		
2	USUA 13a. S	AL RESIDENCE (IF NURSING HOME TATE	AE OR OTHER PURILED	THE RESIDENCE BEFORE AD	MISSION)	13d INSIDE CI	Y LIMITS?	13e STREET ADDRES	S / ZIP CODE	E			
1	Y	na	award	Ellicott	city	YES 🗔	NO 🗌	3113 Gree	enway I	or. 21	043		
21	4 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	MIDDLE		1.4	AST		
14	la	late Nelson Gobrecht Pearl M Stevenson											
		VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECURIT	IY NO.	17. INFORMAN	NT.	ADI	PRESS				
		No				John V	Orndo	rff 3113 (f 3113 GreenwayDr. 21043				
		18 CAUSE OF DEATH (Ente		line for (a), (b), and (c1.1		D 1			APPRO) BETWEEN	XIMATE INTERVAL		
		PART I, DEATH WAS CAUSED BY: [O] Cardio aunic Shock								3	3 hrs		
											A		
	n.	Conditions, if ony, which (16) Acute Caberia Myscardial water 3his											
	gove rise to immediate												
	couse (b), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF												
91	ы	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10											
									, <	The			
7	CATI	19a DATE OF OPERATION	19b CONDI	NDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED						
4	TIFIC							YES NO		ES []	ING CAUSES OF DEATH?		
7	Rheumatic Neart of 190 DATE OF OPERATION 190 CONDITION FOR WHICH					21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN	PART I OR PART 2)				
1		OR CONTRIBUTING CAUSE OF	PUEATR	A. MONTH DAY	YEAR								
	MEDICAL	216 INJURY OCCURRED	21e. PLACE C	OF INJURY		211 LOCATIO	N						
7	ME	WHITE NOT WHITE	CATTOME, STR	EET, FACTORY, OFFICE FARA	A ETC)	STREET		CITY OR	IOWN	COUNTY	STATE		
		220 I certify that (1) (this h	aspital) attended the	deceased from	5	est	19 8 4	to m	ay_	19 85	that (I) we) last		
		saw the deceasemplie	d not view the body	19 8	5_, on	d that in my)	our) opinion d	death accurred on the	date and hou	ur and from the	e couses stated		
		THE SIGNATURE	7 0 4		[EGREE	T. has	CIN NOT		22c DATE	SIGNED		
,		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								10/	18/85		
		THE PHYSICIAN THAME I	1 0	^			785	Stea Oth Pick Drive					
		BRAD J	· COOPER	MD.			Ellic	off City	md.	2105	/3		
		SURIAL, CREMATION, REMO	VAL 23b. DATE	23c. NA	ME OF C	METERY OR C	REMATORY	23d LOCATION	TO BUD	COUNTY	STATE		
		Burial	May 11	, 1985 Mea	dowr	idge			Howard	7			
		JNERAL DIRECTOR						REC'D. BY REGISTR	A 2		The second secon		
Harry H Witzke 4112 Columbia Rd Ellicott City MAY 9 185										And process			

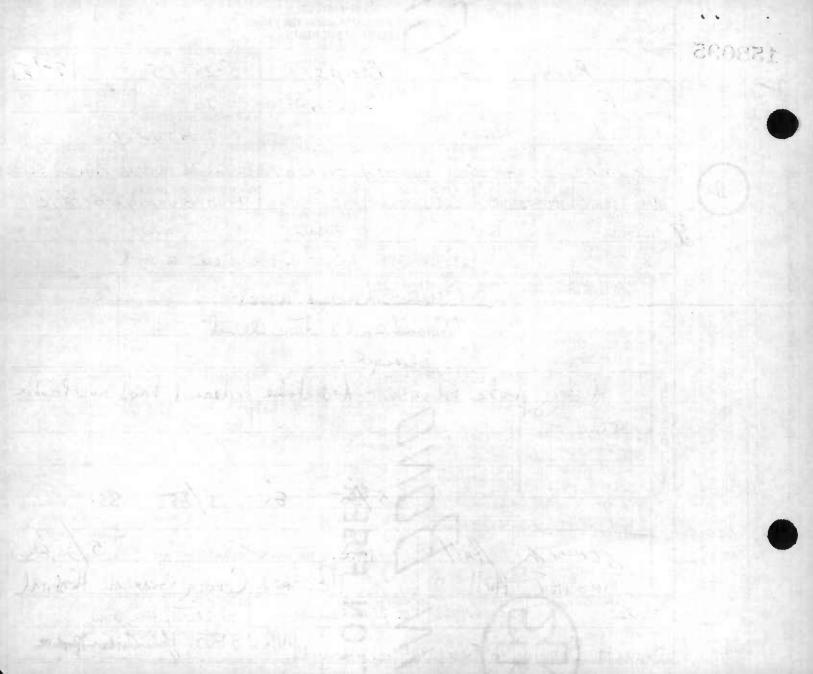
DHMH - 16 50M 4/B3 (VRA 15, 4)

BP

\$306.81 ACM ARRIVATE The state of the s Service of the Arthurst of the Control of the Contr At the last a sky a harbon back therebyet a both

1					OF MARYLAND		1 7 1		
135582	-	FOR	DEPA	ARTMENT OF H	EALTH AND MENTAL HYG	AENE "	1 / 2		
10000	1 -	STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. N	10.	D. V.	A5T
10	I. DEC		IAM THOMAS	OVIN	CTON	20 DATE OF DEATH		YEAR 2b	HOUR
		OR PRINTI	AM I HUMAS	7	V 7 V.	5-9-	- 85		23%
(F)	0.051		ZXZXZXZXZXZXZ	CALXLXL	MAN .	6. AGE (IN YEARS LAST B	RIHDAYI IF	UNDER TYEAR IF U	JNDER 24 HRS
	3. SE)		4. RACE	MONTH O	7 DAY L HAR	-0	MOI	NIHS DAYS HO	OURS MIN.
		MALE	WHITE	8	1106	3/	YRS		
2 32 6/1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	TRY?	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
1 15 XA	-	онто	USA	WIDOWE		HOWAR	D		MD.
1 11 12		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		ROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND OF BU	ISINESS OR
- 1 19/6/	1	aluntia M	(IF NOT IN SUCH FICILITY, GIVES	TOTREET ADVINESS	O. Gen!	ATTORNEY	OF WORKING (IPE)	INDUSTRI	
130	USUA	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE E	BEFORE ADMISSION)				209	101
Do de de	13AS	TALE 136 COU	NTY 13-CITY OR	TOWN PA	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIDGODE	A 4	a No
NA S S S S	91	THER'S NAME	nig dilver	- rugo	15. MOTHER'S MAIDEN NA	MF	14	y eniou	200
RY with) 14	FIRST	MIDDLE LAST		FURST	MIDDLE		LAFFERTY	,
W D B B	/	JOHN	OVINGTO		ADELA		DECC	LAFFERI	
ORE, of condition dico		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b SOCIAL:	SECURITY NO.	17 INFORMANT	ADD			417 FF
WITH ECCRDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 the idea of a secured within 24 hours of the idea of a secured within 24 hours of the idea of the offending physician and completely filled in the idea of the place remove carbonappers. Pages 1 and 2 should be in the idea of				4-7420	AUDREY S.	OVINGTON	SAME A		WIFE
ALT ALT		18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b	i, and ici.i			1-4-1	BETWEEN ONSE	T AND DEATH
phy phy rent,		PART I. DEATH WAS CAUS	ED BY		1 Bilare			144	4
report residence		IMMEDIA						0	
oth oth mo.			DUE TO, OR AS A CONS	2 pr + C S	me llikes			ye	w
RES e de proprior		Canditians, if any, which gave rise to immediate	(b)	2017 (3	44/4 111110-2			1	
V. P		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF				100	
tho the sees of or of or of			(c)					1	
S, 2 lires gne bur rry,	7	PARTY OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM		NDITION GIVEN	4 IN PART TIO	
RD equ	ō	teribros 9	this occusi	VI CUSP	csi. Com		017/586		
2 2 2 2 2 2	IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS NG CAUSES OF	
7 25 25 17	THE .			3611.273		YES NO	YES	<u> </u>	10 🗆
E 71 805 10	CERT	21a. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	1 1 OR PART 2)	
B 34 14 1	AL	OR CONTRIBUTING CAUSE OF DE	MIN	19					
N 124 124 1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR	OWN	COUNTY	STATE
SE S	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	21KEE I	ext.	O.W.		
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			oital) argended the deceased fr	om 19	74 10	10 May	1 9 19	85 that	(I) (we) last
_ AT 852 5					nd thatem (my) (por) apinion	death occurred on the	date and hour	and from the cau	ses stated
4 5 5 7 8 E	183	above, (I) we) (didy (did n	n // Aug 9 not) view the bady after death.		DEGREE			22c. DATE SIG	NED
0 4 0 X 0 E		MB. SIGNAJORE	(,)	200	ATTENDING ,		AFF _		-85
3. 3414	-	1 Cha	a aym		PHYSICIAN)	DIRECTOR PHYS	ICIAN []	10 /	9.3
2 2 4 5 Z		22 PHYSICIAN'S NAME (TYPE	OR PRINT)		12e ADDRESS) 0	1		
A1 4316		(narles E	· 124/ar mi)		Ons Knoll Nort	Wilnux . C	ulumbi	5 MD	21085
51 54134		BURIAL, CREMATION, REMOVA	L 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP		BURTAL.	5/11/85	GATE	OF HEAVEN	SILVERS	PRING	MONT	STATE MD.
0.1111	24 F		NCIS J. COLLIN		25a. DA	TE REC'D. BY REGISTRA		AR'S SIGNATURE	13742
DHMH - 16 50M 4/B3 (VRA 15, 4)					20001 M	AY 1 3 1985	Julia L	Tavidson-Ro	indelle.
(,	_	500 UNIV. BLVD	. W. SILVER SP	KIND, MU	. 20901 1	2 0 500			

CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE P



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
		EASED NAME FIRST	E Lace	MIDDLE	- 1	AST	20. DATE OF DEATH MONTH	OAY YEAR	2b. HOUR
	(11112)	Mae :	E Pitting	er			May 6,1985		M
	3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
		Female	White		Jul		88 YR	MONTHS DAYS	HOURS MIN.
0	Ta. BIR	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY OR COU		
1	Ma	iryland	U.S.A.		WIDOWE	DE NEVER MARRIED DE D	Howard Count	ZV	MD.
		licott City	11. NAME OF 3126			or other institution 21043	12d USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	12b. KIND	OF BUSINESS OR
7	Ma Ma	ryland H	ME OR OTHER INSTITUTION OUNTY Oward	GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Ellicott		YES NO	13e. STREET ADDRESS 3126 Greenway	, 21	043
1	1	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE	L	AST
		ite George M				Late Amelia	a Seitz		
		(AS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRESS		
		lo				Mrs Ray Dorr	n 3126 Greenwa	ay Ellico	ott City
		18 CAUSE OF DEATH (Ent	er only one couse per	line for (a), (b), and	(C1.1			APPRO BETWEEN	XIMATE INTERVAL
		PART I. DEATH WAS CA	AUSED BY: DIATE CAUSE (0)	Cardio	pul	monary a	rest		
	- 7			R AS A CONSEQUEN	ICE OF	/		S.	. 0
١		Conditions, if any, which	h ((b).	ASC	- 17000			yea	W-3
		gove rise to immediate couse (0), stating the	1	R AS A CONSEQUEN	ICE OF			0	
٩		underlying couse lost	t. (c)	K AS A CONSEQUE	ICE OI			11	
		PART 2. OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I	(01
1	O N	Chranic	Bronc	hial 1	A-5	thing			
)	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FIND	INGS USED
-	TIE		Single				YES NO	RTIFYING CAUSE	NO [
4	CER	21a. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY	VEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2)	Na Baller
7	SAL	OR CONTRIBUTING CAUSE O	OF DEATH		19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	u rici	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK] (AT HOME, STA	EET, FACTORY, OFFICE, FAR	M, EIC }	SINCE	Ciri Ok 10	2007117	31812
		22a.l certify that (1) (this t	rospital) ottended th		12	17/3 1983	, to 5/6	, 19 25	, that (1) (are) lost
		sow the deceased aliverable of the sound of	e on	ofter death	5 . 01	d that in (my) (aux) opinion d	death occurred on the date and	hour and from the	e couses stated
		226. SIGNATURE			[DEGREE		22c. DATE	ESIGNED
		13-1	7		m	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	5/0	5/85
		22d. PHYSICIAN'S NAME (T	TYPE OR PRINT)			22e ADDRESS			
		BERNART	P. FA	2RELL V	an	5755 CE3	DAR CA. COLI	umbia	md 21044
	23a. Bl	URIAL, CREMATION, REMO		23c. NA	WE OF C	EMETERY OR CREMATORY	23d LOCATION		
	(5	Burial	May 8,		dlawr	1	WoodTawn E	alto Mar	yland T
	24 F11	NERAL DIRECTOR				25- DATE	DEC'D BY DECISTDAD 254 DEC	CICTO ADIC CICALA	TUDE

DHMH - 16 50M 1/81 (VRA 15, 4)

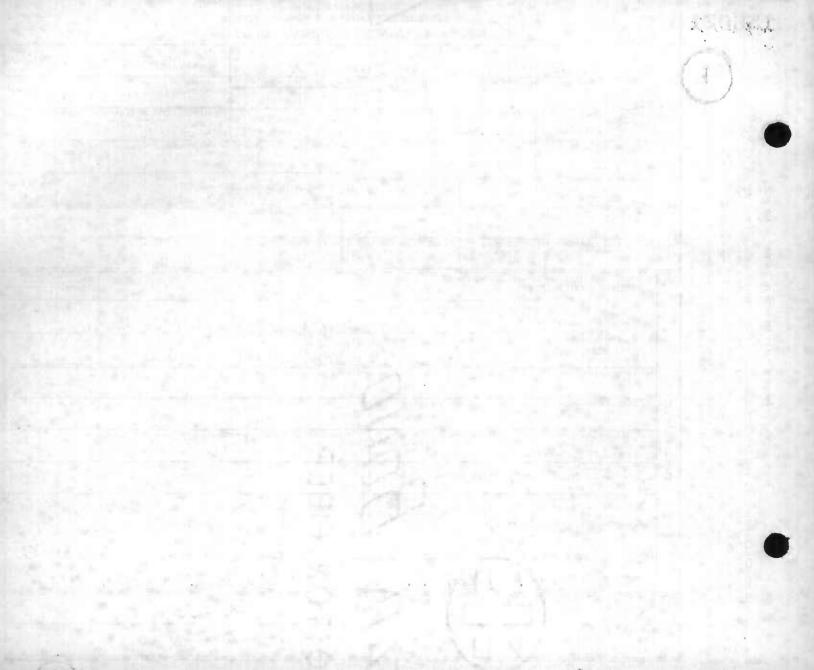
IMPORTANT: If Item 21 is marked or Item 18 shows

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health.

Harry H Witzke 4112 Columbia Ro Ellicott City

7 885 Paris Devision Andres MAY

a walking the a		STATE OF MARYLAND	20 2
156021	FOR DEPARTMENT	OF HEALTH AND MENTAL HYGIENE	3 3
-900	REGISTRAR MEDICAL EXAM	MINER'S CERTIFICATE OF DEATH REG. NO.	
1	CEASED NAME FIRST MIDDLE	20. DATE KNOWN N	MONTH DAY YEAR 76 HOUR
	PE OR PRINT)	OF ESTI-	5 311 V5 0010
28 8 E	JUSTUS	70111161	MONTH DAY YEAR 124 MOULE
SE 68	MONTH DAY YEAR LAST B	(IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 28 HOUR
\$55A	Male Black 6 22 35 49		1 30 18 12 W
NECESSAR PUNERAL D S. FOR YO WITHIN 7	IRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY?	1 9 BALTIMORE CITY OR	COUNTY OF DEATH
の	DREIGN COUNTRY) MD USA	MARRIED NEVER MARRIED	
		WIDOWED DIVORCED K Howard Co.	MD
PAGE S PAGE S PAGE S PAGE S	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADD)	HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
ALAE.	essup, MD Maryland House o	of Correction FOR MOST OF WORKING LIFE)	Prison
DE ZOE	AL RESIDENCE (IF IN NURSING A MAIL OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL		
21201 AND 3 AND 3 RETAIN HOULD	STATE 13c CITY OR TOV		01015
4 A A B A B	aryland Baltim	TOOL HOOMOGE	Ave. 21215
A H	ATHER'S NAME FIRST MIDDLE LAST	15. MOTHER'S MAIDEN NAME	LAST
F. TREES	William Plummer		ozzell
O O O	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SEC		OZZCII
NTTIN NE PER PER PER PER PER PER PER PER PER PE	YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	D1-: T- 1 0000 D	
BALTIMORE, MD. 2120) RS AFTER DEATH. IF ANY S. GIVE PAGES 1, 2, AND WITH FOR PROPER 3, RETA T. PAGES DIVISION OF VITE LEECY	No N/		
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY:).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST. 24 HOU ITEM 18 LONG PERMIT SIENE, VAL.		diac anyt	
TON ST 1 24 HOU 1 ITEM 1 1 PERMI YGIENE, OVAL.	DUE TO, OR AS A CONSEQUE	NCE OF	3-4/1011
PRESTO ITHIN 24 CIL IN IT VER ANSIT PR ANSIT PR AL HYGI	Conditions, if any, which	11 11 5/2	1.1
W. P. WIT ENCINE ANIMALINIA OR R. P. OR R.	gave rise to immediate (b) cause (a) stating the under-	Cit if they e ward me	-/43/61-7
UTED WITHIN PRICE TO	cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUEN	NCE OF	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, ROBE TO THE CHEFF MEDICAL EXAMINER ALONG W. BE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. C PEPRARIMENT OF HEALTH AND MENTAL HYGIENE, DO I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	(c) W30,	Chr. com, hast Jailune	- years
LI RECORDS, 2 ULID BE EXECU "PENDING" II EF MEDICAL E SED AS BURIL HEATH AND AL, CREMATIO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
RECORDS D BE EXE ENDING MEDICA AS A BL EALTH AI CREMA			
REA PER PROPERTY	190 DATE OF OPERATION 196 CONDITION FOR WHICH O	OPERATION WAS PERFORMED?	2B AUTOPSY?
SHOULD SROUND SROW PE CHIEF A FE USED OR I HE OR I ALL OR			
FICATE SH THE WOR OUTD BE COUDD BE INSENDED	AL EXPERIMENTAL CALIFF WAS		YES NO
A ATE WEN AND A STATE OF THE WEN A STATE OF THE WENT A STATE OF THE WEN A S	216. EXTERNAL CAUSE WAS UNDERLYING OR 216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
RIFICATE NG THE VOID SHOULD PARTME		9	
IVISIO GERTIF GERTIF DED TO DEPA DEPA DEPA	216. INJURY OCCURRED 21e PLACE OF INJURY (AT HO)		
S CE RATE RES 15 15 15 15 15 15 15 15 15 15 15 15 15 1	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY
DIVIS FR: THIS CER ATE, WRITIN ORWARDED NR: PAGE 3 S FE STATE DEF	AT WORK AT WORK		
SH SOR HE SO C.	220 I certify that I taak charge of the remains described above, held	an Autopsy . Inspection Inquiry . and	ın my apinian
A CHILLY	death resulted fram. Natural causes Accident	Suicide . Hamicide . Undetermined manner .	
ARY ARY		TITLE (SPECIFY)	
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ACTUAL () S / //	/)	DATE 5-30-85
SEX FEET	SIGNATURE - White	M.D. MEDICAL EXAMINER	SIGNED A = 30 - 03
NO N	EXAMINER'S NAME James E. Wheeler, M.D.	010 Primare Od Asses	-1: . 21/.02
A D G G G		ADDRESS 10 Primrose Rd. Annapo	Jus, 21403
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		F CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
BP	Prince 6/4/85 Arbutu	us Mem. Pk. Baltimore	Co. MD
	UNERAL DIRECTOR		TRAR'S SIGNATURE
DHMH · 17 (VR A) 5 ME (5))	illiam C. March F/H 1101 E. Nort	th Ave. MIAI 3 1 1903	
(VR A15 ME (5)) 20M 4/82	TITLE NOIL	71 7100	



154054

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGUNE
CERTIFICATE OF DEATH

2	4	1	5	4
DEC	NO			

	KEO IO I KI KI							REG. NO).				
	CEASED NAME FIRST		MIDDLE	LAS	T.		20 DATE OF D	EATH A	HINON	DAY	YEAR	2b HOU	IR
(TYPI	Lovet	An An	na	12	1				5 3	1.	00	- 1	0
	LOVE	1100		- 1 9	ST				7	26	85	- 1	KV
3. SE	X	4. RACE	a 9-3-5000	5. DATE OF	BIRTH	The Lake	6. AGE (IN YEAR	S LAST BIRTH	HDAY)	IF UNDE		IF UNDER	
	Famile 1	10	1	MONTH	DAY	YEAR	7	0		MONTH5	DAYS	HOURS	MIN.
	emale	Lauc	asian	6	19	14	The state of	0	YRS.				
	IRTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE	CITY OF	COUNT	Y OF DE	ATH	600	
	COUNTRY)	U	SA			MARRIED -	1				,		
	lew York		211	WIDOWED	D D	VORCED	Howa	RD	COU	NTY			M
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN			TITUTION	12a USUAL OC				KIND OF	BUSINE	ESS OR
	Daveton	(IF NOT IN SUC	reen Bri	ADDRESS)	A		(TYPE OF WORK FO				Cons	tmio	tic
	Dayton				au		Accoun	Tar	17		COIIS	LLUC	- L.L.C
USU	AL RESIDENCE (IF NURSING HOME COL				DI MICIDE C		the expert to	DDECC /	710 000	25			
130.	4. 3		Dayton	VN I	_	ITY LIMITS?	13e.SIREET AD 5115	CTOO	n Br	Tdoe	Roa	d 21	045
		waru	Daycol		YES []	NO 🔀		OL CC.		2460	1100	- Z-1	.0 13
14 F/	ATHER'S NAME	MIDDLE	LAST		S. MOTHER	S MAIDEN NA							
		WIDDLE	_	1	A -	FIRST		VIDDIE		D	LAST		
	<u> </u>		Roman		Anna			100000			reck		
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	URITY NO.	17. INFORMA	ANT		ADDRES	55	(olu	mbi	a, 1
'		IVE WAR OR DATES)	078-12-	7489	ibue Ir	a Post	8709 Ha	T Sh	T bo	2 2	1045		
	No		1010	1011	Jauus	a TUSL	0/09 Ha	y 511	eu L				
	18 CAUSE OF DEATH (Enter of	nly one cause per	fine for (a), (b), on	nd (c _j .)	1					8	APPROXI	MATE INTER	DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (a)	Kespir	water	1tw	est							
CATION	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED) TO THE TERM	AINAL DISEASE C	OR COND					
	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	DRMED	YES N	11,000	IN CERT	ES, WERE IFYING (YES []			TH?
CERTIFI	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	NE INTITUDY		23 11034/15	LUIDY OCCUP	-					140	-
-	OR CONTRIBUTING CAUSE OF DI	- 110110 1	M. MONTH D.	AY YEAR	ZIL HOW IN	JORY OCCUR	RED (ENTER NATUR	E OF INJURY	Y IN ITEM 18	PART I OR	PART 2}		
¥	(IF EITHER, NOTIFY MEDICAL EXAMINI	HIA	Μ.	19									
8	21d. INJURY OCCURRED	21e. PLACE			21f LOCATIO	2N				_	_		
MEDICAL	The state of the s		REET, FACTORY, OFFICE, I		STREET			ITY OR TOW	/N	CO	UNIY	S	STATE
	AT WORK NOT WHILE			37.00				1					
	220.1 certify that (1) (this hasp	atal) attended &	e deceased from	SU	2 1	10 84	10 5	120		10 8	5	hat (l) (v	ua) la
			3/7	-		() 17	1 1			., 17			
	saw the deceased alive a abave (1)/we) (did) (did n	at) view the bady	after death	and, and	that in (my)	(aur) apinion	death occurred o	in the dat	le and ho	our and to	am the	auses sta	ated
	22b. SIGNATURE	111	1/	Di	EGREE					22	. DATES	IGNED	
	SIGNALIAN	MANA	calul		,	ATTENDING	, MEDICAL	STAFF	-		5/2	10/8	1
	any an	- May	my	Harley I		PHYSICIAN)		PHYSICI.	AN .		1/6	4/0)
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES	SS A	1	1 6	5911	TMO	re	MID	
	SHELDON	MAG	LINIE	5	Univ	1 1	lan lan	1 2	22 9	5 6,	reeu	2	217 -
	SITELYON	1127	-40012		0.11.	+ 1	(acia) local					-	-1
	BURIAL, CREMATION, REMOVA	1 23b. DATE	23ε. Ι	NAME OF CE	METERY OR	CREMATORY	23d. LOCATE						
	(SPECIFY)						CITY OR	IOWN	0 8	COUN	17 1- NT-	37.	TATE
Bu	rial	5-30-8		ne Law		onal	Farmin	gdal					ork
Bu	(SPECIFY)					onal 25a. DAT	CITY OR	gdal	Sh. REGIS	STRAR'S	GNAT	JRE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

				wast to the
41 25 vs 7				
	6 17 14		Should	
Howards county	STEEL X	A2U		
Accountage to the contraction		J. Deg · P.		
11: ree bridge opt 1003	X.		5.84	
0.000	STORY OF THE STORY		L Lon of	
3 3		12-21-110		
Distant	t Clatation	401F		
2.8 e3/3	124	5.6/85	0 0	
Tellands Signal	A M po visto	Con Hill States	(1945) Smil	
70. 9 Lot 1 5151 7.5			T- an	

STATE OF MARYLAND

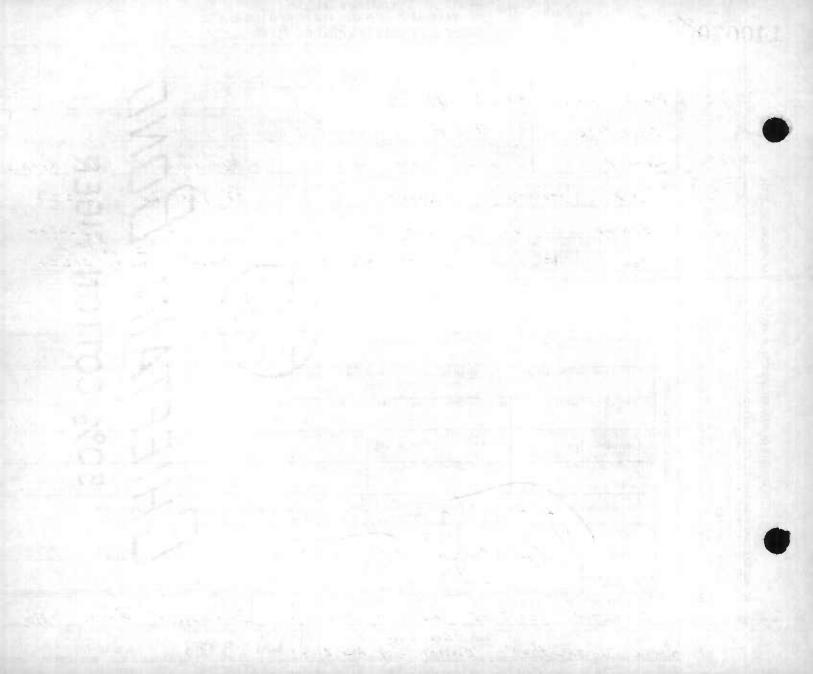
BUSHET Sura Stud CARL COLUMN 1 111112 CONTRACTOR OF A STATE OF THE REST OF THE R A STATE OF THE COURSE OF THE PARTY OF THE PA The state of the s MESSAGE TRACT THE TOTAL THE STATE OF THE STA ANNUAL STATE OF THE PROPERTY OF THE STATE OF MAI SO AND SOUTH OF THE

57133						F MARYLAND		. 2	0 7	0 4	
H	1 -	FOR STATE REGISTRAR WILLIAM	VIRGIL TU			LTH AND MEN ATE OF DEA			6. NO.	2 0	
		CEASED NAME FIRST OR PRINT)	MIDDI		LAST			20 DATE OF DEAT		7 85	∑ b. HOUR
	3. SEX	Willia	4. RACE	/ irgil	S. DATE OF S	BIRTH DAY 5	YEAR 20	6. AGE (INYEARS LA	ST 8RTHDAY)	IF UNDER I YEAR	13 17 PM IF UNDER 24 HRS HOURS MIN.
1	7- 011	Male	Bla		3	5	20	65 9 BALTIMORE CIT	YRS.		
thinerol of the 72 h	(shington, D.C.	U.S.A.	AT COOTVIKT	MARRIED [DIVOR	RIED 🔲		vard Cou		MD.
by the function of the following the followi		olumbia	11. NAME OF HOS (IF NOT IN SUCH FACE Howard (CILITY, GIVE STREET A	DDRESS)			II USUAL OCCU Reteirreda Federal	OST OF WORKING LIF	E) INDUSTRY	BUSINESS OR U.Ş. ment
filled in auld be mussib	13a. S	AL RESIDENCE IF NURSING HOME OR TATE 136. COUNTY HOWE	TY 13c	RESIDENCE BEFORE CITY OR TOWN Columbia	1 13		2	13e STREET ADDRE 5764 S	ss/zipcode tevens F	21 orest R	045 oad
2 (4)		William	MIDDLE C.	Turner			lian	MIDD	M .		mbert
on and camples. Pages 1 and remedical exert		VAS DECEASED EVER IN U.S. ARI LIFYES GIV Yes WW.2	WAR OR DATES	578-18-4		Welling	ton A	. Turner	5141 Ho Columbi		21044
g physici anpaper emaval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE!	ly one couse per line D BY: E CAUSE (o)	for (a), (b), and	RBS	PIRMIC	ORY	ARRO	12	BETWEEN O	AATE INTERVAL INSET AND DEATH
y the attendi e remaye ca crematian, a ther traumat		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	_	a conseque a conseque	le r	oulmo	2 100	ry em	bolus		
Then pleas rta burial, injury, ar a	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO D	EATH BUT NO	OT RELATED TO	THE TERMI	nal disease or (ONDITION GIV	EN IN PART IIO	
t permit	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATION \	WAS PERFORME	ED	200 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES (S	
Mental Hygier		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	MONTH DA	Y YEAR	1€ HOW INJUR	Y OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2)	
olth and Menta marked Onlen	MEDICAL	216 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e: PLACE OF I	NJURY FACTORY OFFICE, FA		IL LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
af Healf		270.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did no			-	hat in (my) (our	9 <u>8</u> r) opinion d	, to leath occurred an t			hat (I) (we) last auses stated
detached ate Dept. IT: If Item		276. SIGNATURE	6.	de.	ME		NDING SICIAN		STAFF YSICIAN	22c DATE S	IGNED 27/8
should be deto with the State I IMPORTANT: If		1770 PHYSICIAN'S NAME ITYPEO	RUCK.		2	2e ADDRESS Howard	Coun	ty Genera	Colum al Hospi	bia, Md tal	•
3 3		Burial, CREMATION, REMOVAL	23b. DATE 5/31/85	1		etery or crea Memoria	MATORY	23d. LOCATION		COUNTY	ryland
50M 4/83 15, 4)		DNERAL DIRECTOR Proyme M. & Russel 55 Twin Knolls	l C. Witz Road, Col	ke^Fune lumbia.	ral Ho	mes P.A	250. DATE	RECT. BY REGIST Y 3 1 198	S June 1	MANA JENAT	fandell



.00	1	FOR			HAND MENTAL HYGI		5 /
1007048		STATE REGISTRAR	MEDICAL	EXAMINER'S	CERTIFICATE OF D	EATH REG. NO.	
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE KNOWN IX M	ONTH DAY YEAR 26. HOUR
22 22 22 E	(119	E OR PRINT) Lynn	Arthu	r t	Vaight	OF ESTI-	5 11 1985 N
PLEASE FILES. HOURS	3. SE)		5. DATE OF BIRTH	6. AGE (IN YEARS IF UT	NDER 1 YR. IF UNDER 24 HE	RS 2c. DATE MC	ONTH DAY YEAR 24 HOUR
N S H S	N	PALE WHITE	APRIL 21 19219	36 YRS.	HS DAYS HOURS MIN	PRONOUNCED DEAD	5 12 1985 12:2
STO YELL	7a B	RTHPLACE (STATE OR	76 CITIZEN OF WHAT COU	VIDV2		9. BALTIMORE CITY OR C	
S NECESSARY, PEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,		VEW YORK	U.S.A.	MARR	VED NEVER MARRIED [Howard Cour	
S S S S S S S S S S S S S S S S S S S		TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NU		IER INSTITUTION 120	USUAL OCCUPATION (TYPE OF	
は古い世紀	1	iEssup	(IF NOT IN SUCH FACILITY, GIVE S 21 Vert D	STREET ADDRESS)	F	OR MOST OF WORKING LIFE)	OR INDUSTRY .
H 2 2 3 2 2		L RESIDENCE (IF IN NURSING HOME O			/	MECHANIC	MACH. KEPAIR
製鹽	130 S	TATE 136. COUNT	IY 13c. CIT	ORTOWN		STREET ADDRESS	
市 公司 工作	14.6	PID. HINI	THE ST	SSUP	YES NO 2	I VERT DR.	21227
- NOW /	7. 7	THER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	WIDDLE	AAST
35 6		EDWARD	V. U	NAIGHT	CHARLOTTE	۷.	RELLOGG
SER S	100. V	VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADDRESS /	VERT PR.
SA PAGE		YES VICEVIL	4M COMF 220	10	MB. CATHERINES	WAIGHT BALL	D. 21227
N 10 3		18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	h. h.v.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ALONG IT PERM YGIENE OVAL.			E CAUSE (0) Gunsho	t wound of	head (h	nandgun)	
A A A A A A A A A A A A A A A A A A A			DUE TO, OR AS A CO	NSEQUENCE OF			
UTED WITHIN 24 HOLL IN PENCIL IN ITEM 18 EXAMINER ALONG 181A - TRANSIT PERMIT O MENTAL HYGIENE, I ON, OR REMOVAL.		Canditians, if any, which gave rise to immediate	(b)			District the second	TO TO SEE OUR
A WELL		cause (a) stating the <u>under</u> - lying cause lost.	DUE TO, OR AS A COM	SEQUENCE OF		7	
AECUTED WIT IG". IN PENCI 'AL EXAMINE BURIAL - TRA AND MENTA ATION, OR R			(c)				
20/75		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT REL	LTEO TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1 (a)		
MEDICA D AS A BI HEALTH AI CREMA	CERTIFICATION						
A F.B.	CAI	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION W	/AS PERFORMED?		20 AUTOPSY?
ST USED NT OF HE SURIAL	TIFE						YES NO X
SA C	CER	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR ASM MONTH	DAY YEAR 21c. H	OW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)
0 A A O	CAL	CONTRIBUTING CAUSE OF D		11 19 85 S	self inflicted		
OR: PAGE 3 SHOULD BE USED. HE STATE DEPARTMENT OF HE. ND, 21201 PRIOR TO BURIAL.	MEDICAL	21d. INJÚRY OCCURRÉD WHILE D NOT WHILE	210 PLACE OF INJURY STREET, FACTORY, FARM, E	(AT HOME, 21f. LC	CATION	CITY OR TOWN	COUNTY STATE
DEW	2	AT WORK AT WORK	home		Vert Drive	CITTOR TOWN	Howard, Md.
D, 2			of the remains described abo	ive held on Autop	w D Impertion X		
O H N		death resulted from Patury		77	-		my opinion
IREC VITT		7 /7 /	117	1 #		determined manner	
		ACTUAL	Do Ma el /	MAN	Asting Chief		DATE 5/12/85
F. S. F. F.		SIGNATURE	you my	M.	Discussion of the control of the con	EDICAL EXAMINER S	IGNED 3/ 12/ 03
EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW, PAGE 4 SHOULD BE FORW, A PTER DEATH, WITH THE STA BAİTIMORE, MARYLAND, 21		EXAMINER'S NAME Tho	omas D. Smith,	M.D.	ADDRESS 111 Pen	n St. Balto.M	ID
PAG PAFT BAL	23a. Bl	RIAL CREMATION REMOVAL 2		NAME OF CEMETERY C	ADDRESS	LOCATION	
	(5	PEC#FY) /	5.13.85 W		on. Pk.	ITY OR TOWN	COUNTY STATE
	24. FL	INERAL DIRECTOR	10.03	210		BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
- 17 ME (5))	0	NAME DOV FORMOR A	ADDRESS 64%	268	MAY 1	5 1005 P.C. K.	idea Bandalle
(-1)	NA	THE LUNGRUPE PT	100 8446	of city mid	C/CHS 7	J 1500 F W. W. S. C.	1000

STATE OF MARYLAND



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ABHYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO 20 DATE OF DEATH 2b. HOUR 1. DECEASED NAME TYPE OR PRINT 956 EdNA IF UNDER 24 HRS & AGE LIN YEARS LAST BIRTHDAY! IF UNDER I YEAR MONTH YEAR -Emala 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY ountu WIDOWED DIVORCED oward 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE-STREET ADDRESS Homemaken USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21784 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Sykesville, alcom Ewell 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES NO [21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Mai 220 | certify that (1) (this haspital) attended the deceased from saw the deceased alive an May 2 6 abave, (1) (we) (did) (did not) view the body after death Nand that in (my) (aur) apinian death occurred an the date and haur and Iram the causes stated 226. SIGNATE DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL Buria

80

IMPORTANT d b

DIVISION OF VITAL RECORDS,

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR

OATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNA



151039		ilm G605 item 2 FOR STATE 7/18/85 rj		ARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY CICATE OF DEATH	GIENE	4 7 5 9
(1)		REGISTRAR CEASED NAME OR PRINT) JOSEPH	E. WOODWARI		AST	REG. NO	MONTH DAY YEAR 26. HOUR
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. SE	~	4. RACE White	S. DATE C	P. P. W. 1111	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Service 82		COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE	- 19 - 13 D ■ NEVER MARRIED □		R COUNTY OF DEATH
offer the desired with	10. ⊂	aryland ITY OR TOWN OF DEATH olumbia	U.S.A. 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE HOWARD COLD!	SYPEET ADDRESS!	Transfer .	Howard Co	ON 12b. KIND OF BUSINESS OF
filled in by	05U 13a	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN HOW	OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY OR	BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	
ompletely ond 2 sp	14 F/	THER'S NAME FIRST ate Arthur Wood	MIDDLE LAS		15. MOTHER'S MAIDEN N PIRST late Rae	chel	last
on and co	- 1	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) [IF YES, GIVE	WAR OR DATES) 219 0	7 8853	Mrs Minnie	Woodward	
rtificate a physicia on paper emoval.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSEI IMMEDIAT	D BY.	b), and (c),)	Reral Fa	chere	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce he attending emove carb matian, or r		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS (b) BOD DUE TO, OR AS A CONS	nchug	eur Care	inma	
NG PHYSICIAN: The low requires that the death certific cattending physician. Where this certificate has been signed by the attending phase that it is certificate has been signed by the attending phase build-transit permit. Then please remove corbon phase havild-transit permit. Then please remove corbon phase having the prior to buriol, cremation, or removed or teem 18 shows any injury, at other troumatic every corked or teem 18 shows any injury, at other troumatic every	-	underlying couse lost PART 2 OTHER SIGNIFICANT C	1 10 add	en (d	NOT RELATED TO THE PER	RECHUM RMINAL DISEASE OR CONI	DITION GIVEN IN PART 110
he low require low require has been si permit. The near prior to bows ony injur	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🔂	20L IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: The ng physician certificate ha risol-transit pe ental Hygiena 18 spow		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEA	P.M.	DAY YEAR		IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
ING PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	- To	VA COUNTY STATE
ATTEND aspitol o eCTOR: A d for use t af Heal m 21 is m		22a (certify that (I) (this hospit in declar delive on about the lian (did not		19		n death accurred/on the do	, that (I) (we) los
ITAL OR how the his state DIRI of the his detache state Deposite D		THE SUSTIAL PORTS	Cheen	· HO	ATTENDING PHYSICIAN	MEDICAL STAF	
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		Moges 6	ebremar		27e ADDRESS		
BP		Burial, CREMATION, REMOVAL SPECIFY) Burial	236. DATE May 30, 1985			teransom ® www.nc	SHoward Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		JNERAL DIRECTOR	4112 Columbia	RESS Rd Ell		ATE REC'D. BY REGISTRAR	236 REGISTRAR'S SIGNATURE

